



Recruitment, Selection, Enrollment, and Retention Strategies with Head Start-Eligible Families Experiencing Adversity

A Review of the Literature

May 2022

OPRE Report #2022-97

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Overview

Introduction

This literature review aims to understand who is and is not being served by Head Start among families experiencing adversity; the range of recruitment, selection, enrollment, and retention (RSER) strategies that programs use with families experiencing adversity; the factors that shape the use of RSER strategies; and the effectiveness of specific strategies with these populations. The review also reveals gaps in knowledge and opportunities for future research related to the RSER strategies that support families experiencing adversity. It explores how commonly families eligible for Head Start experience specific adversities, how more than one of those adversities can be faced simultaneously by the same family (that is, co-occur), and the factors that help determine how families experience those adversities.

The review determined there are many gaps in the academic literature. Our knowledge about recruitment, selection, enrollment, and retention in early care and education (ECE) settings varies, as does the representation of each of the key populations examined and our understanding of their RSER experiences. Despite these limitations, the review identified several promising RSER approaches and factors that may shape RSER for families experiencing specific adversities.

Primary research questions

1. How commonly are Head Start-eligible families experiencing specific adversities? Do these adversities co-occur and, if so, in what way and in what likely combinations?
2. Which factors shape or influence the RSER strategies that Head Start programs use? What factors shape the effectiveness of RSER strategies used by programs?
3. Which RSER approaches are the most promising for recruiting, selecting, enrolling, and retaining families experiencing adversity and facing barriers in Head Start programs?

Purpose

The purpose of the literature review is to inform the project's conceptual framework and the design of case studies to provide an in-depth examination of Head Start RSER processes from the perspectives of both families and programs. It also aims to inform the broader field and the need for future research, including the large-scale study that may be designed as part of Head Start REACH.

Key findings and highlights

- There is limited ECE literature on RSER strategies with families experiencing the specific adversities examined in this review and little empirical evidence indicating which strategies might be most effective. Studies predominantly focus on recruitment and retention strategies for families experiencing poverty (or with low incomes). Very few focus on enrollment and selection strategies, and only a limited number focus on families affected by substance use.
- In some instances, the factors that may shape the RSER strategies appropriate for families overlap across families experiencing different adversities. For example, logistical barriers, such as high mobility, may greatly shape the program participation of families experiencing homelessness and those involved in foster care or the child welfare system, and in turn the RSER strategies that programs use. Social connections within programs may also be important for retaining families.

- In other instances, these factors may be unique to families experiencing specific adversities. For example, the lack of local treatment programs and stigma attached to substance use issues can make it difficult for programs to identify and retain these families.
- Promising RSER approaches also often overlap, regardless of the adversity experienced by families. For example, creating a welcoming and inclusive environment and building high quality relationships between families and staff are important for all families. Strong community partnerships also appear important for the RSER process with families experiencing homelessness, those involved in the foster care and child welfare systems, and those affected by substance use issues.
- In some instances, promising strategies are unique to a family's experience of adversity. For example, screening and data collection tools may be especially helpful for RSER with families involved in the foster care and child welfare systems. Specialized services and supports likely are also important for RSER with families affected by substance use issues.

Methods

The literature review draws on 39 research studies and six practice-based resources geared toward practitioners. We identified the research studies by searching for peer-reviewed articles conducted between 2011 and 2021 and checking websites for grey literature conducted during the same time period. The search involved a set of pre-identified sources and parameters, followed by a screening of results to identify the most relevant studies for addressing the project's research questions.

The parameters of the search focused on RSER strategies in the context of specific family adversities rather than on adversities or the experience of those adversities more broadly. The research studies focus primarily on Head Start and early care and education (ECE) settings; one study is not specific to ECE. The studies provide information on RSER from the perspective of both families and programs.

We selected practice-based resources to fill gaps in the academic literature, using recommendations from the study team, experts, and keyword and topic area searches of official ACF documents on the Early Childhood Learning and Knowledge Center (ECLKC) website.

Glossary

Adversities: “Adversities” is a broad term that refers to a wide range of circumstances or events that pose a threat to a child’s or caregiver’s physical or psychological well-being. The adversities that families experience are often intertwined with poverty; may co-occur; and are affected by systematic factors, such as structural racism. Common examples of adversities include (but are not limited to) experiencing poverty, experiencing homelessness, involvement in the foster care or child welfare system, and substance use. In the literature synthesis, we focus on families facing these common adversities, based on priorities identified by staff at the Administration for Children and Families (ACF) and their emphasis in Head Start standards, policies, and initiatives.

RSER: recruitment, selection, enrollment, and retention

ECE: early care and education

Executive summary

The Head Start REACH project is designed to take an in-depth look at the recruitment, selection, enrollment, and retention (RSER) strategies used by Head Start programs (those for infants/toddlers and preschoolers) to engage Head Start eligible families experiencing adversities. “Adversities” is a broad term that refers to a wide range of circumstances or events that pose a threat to a child or caregiver’s physical or psychological well-being. The adversities that families experience are often intertwined with poverty, may co-occur, and are affected by systematic factors, such as structural racism. Common examples include (but are not limited to) families experiencing poverty, those experiencing homelessness, those involved in the foster care or child welfare system, and those affected by substance use. In this literature synthesis, we focus on families facing these common adversities, based on priorities identified by staff at the Administration for Children and Families (ACF) or emphasized in Head Start standards, policies, or initiatives.

Overview of the literature review

This literature review is one of the first activities of the Head Start REACH project. It aims to understand who is and is not being served by Head Start among families experiencing specific adversities; the range of RSER strategies that programs use with families experiencing these adversities; the factors that shape the use of RSER strategies; and the effectiveness of specific strategies with these populations. The review also reveals gaps in knowledge and opportunities for future research related to the RSER strategies that support families experiencing these adversities. It explores how commonly families eligible for Head Start experience these types of adversities, how more than one of those adversities can be faced simultaneously by the same family (that is, co-occur), and the factors that help determine how families experience those adversities. The findings presented in this report, including the research gaps, will inform the project’s conceptual framework and the design of case studies to provide an in-depth examination of Head Start RSER processes from the perspectives of both families and programs. We also expect the findings to inform the broader field and future research, including the large-scale study that may be designed as part of Head Start REACH.

The review addresses the following research questions:

- How commonly are Head Start-eligible families experiencing specific adversities? Do these adversities co-occur and, if so, in what way and in what likely combinations?
- Which factors shape or influence the RSER strategies that Head Start programs use? What factors shape the effectiveness of RSER strategies used by programs?
- Which RSER approaches are the most promising for recruiting, selecting, enrolling, and retaining families experiencing adversity and facing barriers in Head Start programs?

To answer these questions, we reviewed 39 research studies and six practice-based resources geared toward practitioners. We identified the research studies by searching for peer-reviewed articles conducted in the past 10 years and checking websites for grey literature conducted during the same time period. The search involved a set of pre-identified sources and parameters, followed by a screening of results to identify the most relevant studies for addressing the project’s research questions. We selected practice-based resources that could fill some gaps in the academic literature, using recommendations from the study team, experts, and keyword and topic area searches of official ACF documents on the Early

Childhood Learning and Knowledge Center (ECLKC). We provide more information on the sources and parameters used for the search in the methods appendix for the literature synthesis report. The research studies focus primarily on Head Start and early care and education (ECE) settings; one study is not specific to ECE. The studies provide information on RSER from the perspective of both families and programs. In the report, we highlight findings separately by these factors (that is, resource type, study setting, and respondent perspective).

Most of the literature is descriptive and based on qualitative methods, such as interviews and focus groups with families and program staff. Only one study used an experimental design, and only a few conducted correlational or regression analyses. In addition, although many recommendations overlap with findings in the reviewed literature, the practice-based resources typically do not include citations indicating the presence of empirical support for recommended strategies or expected successes or barriers. Therefore, the findings presented here are largely descriptive and suggestive about the RSER strategies that could be effective. They do not constitute empirical evidence of effectiveness. As a result of these limitations, we were not able to fully address our second and third research questions with this review. These may be further addressed in planned data collection and analysis activities of the project.

Key findings from the review

Chapter III provides important context about RSER. Specifically, we describe each component of RSER, including the activities required by Head Start standards and policies. We also acknowledge the different ways RSER may be defined or referenced in the studies and practice-based resources used in the review.

Chapter IV describes the Head Start-eligible population and the adversities many families face (the first research question). We include statistics on the prevalence of different adversities and their potential co-occurrence. Where possible, we also describe racial and ethnic differences and disparities in families' experiences of adversity, given that systemic inequities may shape the experience of adversity overall. Although the chapter focuses on the adversities that families experience, it also acknowledges that all families have strengths and are resilient, achieving positive outcomes and revealing their capacity in the face of adverse experiences. Key findings include:

- Experiencing poverty is the most common adversity that families in Head Start experience.
- Family adversities often co-occur, including poverty, homelessness, involvement with foster care and the child welfare system, substance use, domestic violence, and mental health issues.
- Families experiencing poverty, experiencing homelessness, affected by substance use, and involved in the foster care and child welfare system face significant challenges to their overall physical and mental health and well-being.
- There are racial and ethnic differences and disparities in the likelihood that families will experience adversities.

Chapters V, VI, VII, and VIII describe findings on factors that have implications for RSER strategies and their potential effectiveness, including family, program, and community or other factors (the second research question) for each of the primary populations: families experiencing poverty, experiencing homelessness, involved in the foster care or child welfare system, or affected by substance use. These chapters also describe what we learned about promising RSER strategies (the third research question) for each population. Given the limited ECE literature on RSER strategies for families experiencing adversities, we could not fully address these research question. Most studies described factors that might

influence the RSER strategies appropriate for families and thus may have implications for the RSER strategies that programs use. In addition, most studies are descriptive and qualitative, providing largely suggestive evidence and very little empirical evidence for strategies that might be most effective. Key findings by adversity include:

- Families experiencing poverty
 - There is little to no ECE literature on selection and enrollment strategies focused on families experiencing poverty. Most of the available research on RSER is descriptive. Only two studies use an experimental design to test specific engagement strategies.
 - Some groups of families experiencing poverty may experience unique challenges to program attendance and engagement. These groups comprise families of color and families with parents experiencing emotional distress, weak social and staff connections, and cultural isolation or discrimination.
 - Social connections within the program may encourage family engagement in programs.
 - Recruitment efforts may be more successful if they include clear messages about how families can benefit from the program. Families may be more responsive to accessible, culturally responsive language that reflects—but does not make assumptions about—their preferred languages.
 - Text messaging may be a promising tool for encouraging and coaching families through the Head Start/Early Head Start eligibility verification process.
- Families experiencing homelessness
 - All of the available ECE research on families experiencing homelessness is descriptive. None of the studies uses an experimental design to test specific engagement strategies.
 - Families experiencing homelessness may face a variety of practical and logistical barriers to participation in Head Start (for example, lack of transportation, high mobility, inconsistent phone access). Many of the reviewed studies suggest that programs carefully consider these barriers and implement supportive and creative policies to address them throughout the RSER process, including flexible enrollment and retention processes (such as transportation supports).
 - Several of the reviewed studies suggested that staff may benefit from professional development on the identification and experience of family homelessness and how to best support this population. Recommendations include specialized training in the McKinney-Vento definitions related to education and health and human services (see Chapter III), and related rules around selection and eligibility for children experiencing homelessness; building positive relationships; trauma-informed care techniques; and individualized strategies.
- Families involved in the foster care and child welfare system
 - All of the available ECE research on families involved in foster care or child welfare systems is descriptive. None of the studies uses an experimental design to test specific engagement strategies.
 - Building strong collaborations with the foster care and child welfare systems may be essential to supporting this population of families.
 - Head Start screening and data collection processes could be tailored to better capture the experiences, needs, and attendance of children and families involved in the foster care and child welfare systems.

- Head Start staff may benefit from professional development focused on foster care and child welfare systems, issues around mandated reporting, and how best to support families involved in these systems.
- Families affected by substance use
 - All of the scant available ECE research on families affected by substance use is descriptive. None of the studies uses an experimental design to test specific strategies.
 - Government policies, community context, and stigma around substance use issues may shape how well programs retain families experiencing substance use.
 - Retaining families experiencing substance use issues may require specialized services and supports, including substance use case management, coordination with treatment providers, and coordination with other providers, to prevent co-occurring adversities, such as homelessness.

Chapter IX summarizes the findings and expands the discussion of their implications, gaps in the literature, and directions that research could take going forward. We highlight implications for the Head Start REACH case studies and conceptual framework. Implications and gaps include:

- In some instances, the factors that may shape the RSER strategies appropriate for families overlap across families experiencing different adversities. For example, logistical barriers, such as high mobility, may greatly shape the program participation of families experiencing homelessness and those involved in foster care or the child welfare system, and in turn the RSER strategies that programs use. Social connections within programs may also be important for retaining families.
- In other instances, these factors may be unique to families experiencing specific adversities. For example, the lack of local treatment programs and stigma attached to substance use issues can make it difficult for programs to identify and retain these families.
- Promising RSER approaches also often overlap, regardless of the adversity experienced by families. For example, creating a welcoming and inclusive environment and building high quality relationships between families and staff are important for all families. Social networks may be especially useful for recruiting both families experiencing poverty and those experiencing homelessness. Staff training and professional development on the experience of homelessness and child welfare involvement likely support RSER for these populations. Strong community partnerships also appear important for the RSER process with families experiencing homelessness, those involved in the foster care and child welfare systems, and those affected by substance use issues.
- In some instances, promising strategies are unique to a family's experience of adversity. For example, improving screening tools and modifying data collection and storage procedures to track risk factors more easily may be especially helpful for RSER with families involved in the foster care and child welfare systems. Specialized services and supports likely are also important for RSER with families affected by substance use issues.
- There is limited ECE literature on RSER strategies with families experiencing the adversities examined in this literature synthesis. Studies predominantly focus on recruitment and retention strategies for families experiencing poverty (or low incomes). Very few focus on enrollment and selection strategies, and only a limited number focus on families affected by substance use. Few studies examine factors shaping programs' use of RSER strategies, but several examine family factors (for example, child care needs or constraints, social connections, housing stability and mobility) that may have implications for the RSER strategies that programs use and the potential effectiveness of

those strategies. There is limited empirical evidence indicating which strategies might be most effective.

- It may be useful to review studies that examine the day-to-day experiences of families who experience these adversities or that focus on interventions with these families. Literature focused on the characteristics and experiences of families with young children from low-income backgrounds may also be helpful. Although such studies will not reveal which strategies are used and effective, the additional perspective they offer could suggest possible ways for programs to shape RSER strategies to be responsive to these populations. Practice descriptions of model programs could also be useful for highlighting how programs have implemented and adapted RSER strategies.

Appendix A in the literature synthesis report has tables with details on the process and methodology of the review; strategies, settings, and populations of focus in the reviewed studies; and key aspects catalogued for each of the reviewed studies. We also provide information on the approach to reviewing the practice-based resources.

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I. Introduction

The Head Start REACH project is designed to take an in-depth look at the recruitment, selection, enrollment, and retention (RSER) strategies used by Head Start programs (those for infants/toddlers and preschoolers) to engage Head Start eligible families experiencing adversities. “Adversities” is a broad term that refers to a wide range of circumstances or events that pose a threat to a child or caregiver’s physical or psychological well-being. The adversities that families experience are often intertwined with poverty, may co-occur, and are affected by systematic factors, such as structural racism. Common examples include (but are not limited to) families experiencing poverty, those experiencing homelessness, those involved in the foster care or child welfare system, and those affected by substance use.^{1, 2} In this literature synthesis, we focus on families facing these common adversities, based on priorities identified by staff at the Administration for Children and Families (ACF) or emphasized in Head Start standards, policies, or initiatives.

Background on Head Start and families experiencing adversities

Head Start’s stated mission is to serve children and families with the greatest needs, foster the self-sufficiency of families with low incomes, and promote children’s school readiness. Head Start services are aimed at pregnant women, infants, and preschool-age children from families with low incomes; families qualify for services primarily based on their income and eligibility for social services. In keeping with Head Start’s mission, however, the program also focuses on children who face adversities intertwined with poverty: children experiencing homelessness, in foster care, and with disabilities. For example, the 2015 final rule on Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA; OHS, ECLKC 2021a) requirements included specific language about these populations. As noted in Chapter III, the Head Start Program Performance Standards (HSPPS) also include references to these specific populations.³

Recent Head Start initiatives and campaigns also emphasize these populations. For example, “Home at Head Start,” focuses specifically on serving families experiencing homelessness (OHS, ECLKC 2020). In response to the opioid crisis, Head Start has partnered with local organizations and agencies to support children and families affected by substance use (OHS, ECLKC 2021c). The Head Start Heals campaign similarly emphasizes service provision for families experiencing trauma (OHS, ECLKC 2021b), including trauma related to substance use and child abuse and neglect, as well as mental health issues and domestic violence.

¹ Although we do not focus on Head Start eligibility in this report, it has implications for all aspects of RSER. The HSPPS and 2015 ERSEA final rule include requirements about specific families experiencing adversity, including children and families who should be recruited, selected, and enrolled, and efforts to retain them in programs.

² As we describe in the methods appendix, our parameters for the library search also included terms that encompass families facing other adversities, such as families affected by domestic violence, immigrant and refugee families, and families experiencing mental health issues. We identified and reviewed a handful of studies that focused on immigrant families. We present the findings from these studies in the chapter focused on families experiencing poverty, as some of the factors cited in these studies are relevant to other families with low incomes, particularly families of color.

³ The HSPPS define standards and minimum requirements for Head Start services, including Head Start and Early Head Start programs. These policies and regulations are available at <https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii>.

Overview of the literature review

This literature review is one of the first activities of the Head Start REACH project. It aims to understand who is and is not being served by Head Start among families experiencing specific adversities; the range of RSER strategies that programs use with families experiencing these adversities; the factors that shape the use of RSER strategies; and the effectiveness of specific strategies with these populations. The review also reveals gaps in knowledge and opportunities for future research related to the RSER strategies that support families experiencing these adversities. It explores how commonly families eligible for Head Start experience these types of adversities, how more than one of those adversities can be faced simultaneously by the same family (that is, co-occur), and the factors that help determine how families experience those adversities. The findings presented in this report, including the research gaps, will inform the project's conceptual framework and the design of case studies to provide an in-depth examination of Head Start RSER processes from the perspectives of both families and programs. We also expect the findings to inform the broader field and future research, including the large-scale study that may be designed as part of Head Start REACH.

The review addresses the following research questions:

- How commonly are Head Start-eligible families experiencing specific adversities? Do these adversities co-occur and, if so, in what way and in what likely combinations?
- Which factors shape or influence the RSER strategies that Head Start programs use? What factors shape the effectiveness of RSER strategies used by programs?
- Which RSER approaches are the most promising for recruiting, selecting, enrolling, and retaining families experiencing adversity and facing barriers in Head Start programs?

To answer these questions, we reviewed 39 research studies and six practice-based resources geared toward practitioners.⁴ We identified the research studies by searching for peer-reviewed articles conducted in the past 10 years and checking websites for grey literature conducted during the same time period. The search involved a set of pre-identified sources and parameters, followed by a screening of results to identify the most relevant studies for addressing the project's research questions. We provide more information on the sources and parameters used for the search in the methods appendix. The parameters focused on RSER strategies in the context of specific family adversities rather than on adversities or the experience of those adversities more broadly. The research studies focus primarily on Head Start and early care and education (ECE) settings; one study is not specific to ECE.⁵ The studies provide information on RSER from the perspective of both families and programs. In the sections that

⁴ "Research studies" refer to studies identified through our library search, which used a set of predetermined search parameters to identify studies in academic journals and grey literature. Given the limited number of research studies identified, we also handpicked practice-based resources that could fill some gaps in the academic literature. We selected the practice-based resources through expert recommendations, our working knowledge of content development (for example, via our projects with the National Centers), and keyword and topic area searches of official ACF documents on the Early Childhood Learning and Knowledge Center (ECLKC). We also looked at the original source materials and evidence base that informed the resources on the ECLKC. We located the sources for the ECLKC documents based on a review of the current literature, a scan of significant practice papers or guidance across the early care field, and a detailed review of information on each adversity.

⁵ The one study in a non-ECE setting is a literature review that focuses on programs serving families experiencing homelessness. This review includes programs aimed at families with children of all ages, not just those with young children.

follow, we highlight findings separately by these factors (that is, resource type, study setting, and respondent perspective).

Most of the literature is descriptive and based on qualitative methods, such as interviews and focus groups with families and program staff. Only one study used an experimental design, and only a few conducted correlational or regression analyses. In addition, although many recommendations overlap with findings in the reviewed literature, the practice-based resources typically do not include citations indicating the presence of empirical support for recommended strategies or expected successes or barriers. Therefore, the findings presented here are largely descriptive and suggestive about the RSER strategies that could be effective. They do not constitute empirical evidence of effectiveness. As a result of these limitations, we were not able to fully address our second and third research questions (see box).

Limitations of the literature review

Given the limited ECE literature on RSER strategies for families experiencing adversities, we could not fully address our second and third research questions:

- Most studies describe factors that might influence the RSER strategies appropriate for families and thus may have implications for the RSER strategies that programs use. However, few studies describe the specific strategies programs are using and the factors influencing their decision-making. Most research focuses on family factors—that is, families' needs, preferences, or characteristics that relate to their RSER. We synthesize the research on these factors because we believe parents' perspectives have important implications for program strategies. Programs' success in reaching, enrolling, and retaining families may be largely dependent on being responsive to such factors.
 - Most studies are descriptive and qualitative, providing largely suggestive evidence and very little empirical evidence for strategies that might be most effective. Given these limitations, in subsequent chapters, when we discuss *promising* RSER strategies, we mean strategies that are supported by descriptive research and/or endorsed in practice-based resources. Readers should interpret these strategies as recommendations based on largely suggestive evidence from at least one research study or practice-based resource included in the literature synthesis. ▲
-

Key findings from the review

- Head Start-eligible families experience a range of adversities, with poverty being most common. Family adversities often co-occur, including poverty, homelessness, involvement with foster care and the child welfare system, substance use, domestic violence, and mental health issues.
- There is limited ECE literature on RSER strategies with families experiencing the adversities examined in this literature synthesis. Studies predominantly focus on recruitment and retention strategies for families experiencing poverty (or with low incomes). Very few focus on enrollment and selection strategies, and only a limited number focus on families affected by substance use. Few studies examine factors shaping programs' use of RSER strategies, but several examine family factors (for example, child care needs or constraints, social connections, housing stability and mobility) that may have implications for the RSER strategies that programs use and the potential effectiveness of those strategies. There is limited empirical evidence indicating which strategies might be most effective.
- In some instances, the factors that may shape the RSER strategies appropriate for families overlap across families experiencing different adversities. For example, logistical barriers, such as high mobility, may greatly shape the program participation of families experiencing homelessness and those involved in foster care or the child welfare system, and in turn the RSER strategies that programs use. Social connections within programs may also be important for retaining families.
- In other instances, these factors may be unique to families experiencing specific adversities. For example, the lack of local treatment programs and stigma attached to substance use issues can make it difficult for programs to identify and retain these families.
- Promising RSER approaches also often overlap, regardless of the adversity experienced by families. For example, creating a welcoming and inclusive environment and building high quality relationships between families and staff are important for all families. Social networks may be especially useful for recruiting both families experiencing poverty and those experiencing homelessness. Staff training and professional development on the experience of homelessness and child welfare involvement likely support RSER for these populations. Strong community partnerships also appear important for the RSER process with families experiencing homelessness, those involved in the foster care and child welfare systems, and those affected by substance use issues.
- In some instances, promising strategies are unique to a family's experience of adversity. For example, improving screening tools and modifying data collection and storage procedures to track risk factors more easily may be especially helpful for RSER with families involved in the foster care and child welfare systems. Specialized services and supports likely are also important for RSER with families affected by substance use issues.

II. Road map of the report

The report is organized according to the findings for the research questions and key populations. Before turning to a discussion of the findings, Chapter III provides important context about RSER. Specifically, we describe each component of RSER, including the activities required by Head Start standards and policies. We also acknowledge the different ways RSER may be defined or referenced in the studies and practice-based resources used in the review.

Chapter IV describes the Head Start-eligible population and the adversities many families face (the first research question). We include statistics on the prevalence of different adversities and their potential co-occurrence. Where possible, we also describe racial and ethnic differences and disparities in families' experiences of adversity, given that systemic inequities may shape the experience of adversity overall.

Chapters V, VI, VII, and VIII describe findings on factors that have implications for RSER strategies and their potential effectiveness, including family, program, and community or other factors (the second research question) for each of the primary populations: families experiencing poverty, experiencing homelessness, involved in the foster care or child welfare system, or affected by substance use. These chapters also describe what we learned about promising RSER strategies (the third research question) for each population.

Chapter IX summarizes the findings and expands the discussion of their implications, gaps in the literature, and directions that research could take going forward. We highlight implications for the Head Start REACH case studies and conceptual framework.

The references include the review bibliography. Appendix A has tables with details on the process and methodology of the review; strategies, settings, and populations of focus in the reviewed studies; and key aspects catalogued for each of the reviewed studies. We also provide information on the approach to reviewing the practice-based resources.

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III. Defining and understanding RSER

Before turning to the findings from the literature review, we define RSER, including its required activities. Our definitions draw on the HSPPS and guidance policies related to ERSEA tasks (Table III.1). We also acknowledge the different terms authors use to refer to RSER strategies in the literature.

We draw on the HSPPS because the requirements set out in them are relevant for RSER strategies but also allow programs to tailor approaches to their community strengths, needs, and resources. In fact, the HSPPS include requirements related to the community assessment process (45 CFR §1302.11[b]). A thorough community assessment drives knowledge about eligible children and families (that is, whom to select and how to recruit them), and in turn the services and partnerships required to meet their needs. The community assessment process also helps programs identify available community resources, gaps in services, and opportunities for collaborative relationships and partnerships critical to providing services and retaining families (45 CFR §1302.53[a][1]). The HSPPS require programs to set goals that ensure they remain responsive to their community assessments, and that they annually evaluate their progress toward these goals using program data (45 CFR §1302.102). These requirements are important for reaching and serving families experiencing adversities.

We also acknowledge ERSEA tasks because they overlap closely with RSER strategies and shape how programs determine family eligibility and identify, enroll, and retain families in need (OHS, ECLKC 2021a). ERSEA regulations require programs to maintain full enrollment, quickly fill vacancies, and support consistent program attendance.

Table III.1. Sources of definitions for key terms

Head Start REACH Project	HSPPS regulations for ERSEA tasks
Recruitment	1302.13 Recruitment of children
Selection	1302.14 Selection process
Enrollment	1302.12 Determining, verifying, and documenting eligibility 1302.15 Enrollment
Retention	1302.16 Attendance

Recruitment

Drawing on HSPPS 1302.13, we define *recruitment* as a systematic process by which Head Start programs identify, market to, and reach out to potentially eligible families within a program’s service area. Recruitment should be data informed, measurable, and strategic. While programs may recruit and enroll families year-round, the greatest emphasis on recruitment activities occurs in the spring for the following program year. Programs also must include specific, active efforts to locate and recruit children with disabilities and those experiencing adversities, including children experiencing homelessness or living in foster care, who are categorically eligible for Head Start.

Studies in the reviewed literature, along with practice-based resources, also focus on strategies and factors related to *access* and *outreach*. For example, many of the reviewed studies provide insight into parent perspectives, often focusing on factors that shape access to and knowledge of programs. We include such studies in subsequent chapters when discussing findings focused on recruitment strategies.

Selection

We define *selection* as the procedures by which Head Start programs prioritize groups of children and families for enrollment, and the processes by which they vet program applications, select children and families to fill open slots, and establish waiting lists. Programs must ensure, on the basis of their community needs assessment, that the children and families most in need of services are selected and served (HSPPS 1302.14). Programs can establish their own selection criteria and methods for weighing selection factors. However, the standard requires that this process include prioritizing families in accordance with several factors: family income; whether the child is experiencing homelessness, in foster care, or eligible for services as determined under the Individuals with Disabilities Education Act; and other relevant family or child risk factors. They must also prioritize serving younger children if high quality, full-day preschool is available for 4-year-olds in their area.

Selection strategies are rarely discussed in the reviewed literature. When they are examined, studies generally use the term “selection.”

Enrollment

We define *enrollment* as the systematic processes by which Head Start programs determine family eligibility and formally register children and families for Head Start programming and services. Enrollment reflects both families’ demand for services, which is based on their needs and preferences, and the supply of available services. Per HSPPS 1302.15, programs must maintain funded enrollment slots; fill vacancies as quickly as possible (reserving up to 3 percent of funded slots for up to 60 days for children experiencing homelessness or those in foster care); and support continuity of enrollment for eligible families, including children transitioning from Early Head Start to Head Start, children experiencing homelessness or those in foster care. Enrollment processes should be systematized, data driven, and coordinated to support family registration and enrollment goals.

As a part of the enrollment process, programs must verify and document families’ eligibility as outlined in HSPPS 1302.12. Eligibility verification generally requires that program staff conduct an in-person or telephone interview with the family to verify the child’s age and eligibility. To verify the child’s eligibility, staff collect documentation of family income (for example, tax forms, paystubs, or a written statement from an employer). Staff may also use administrative data or statements from third party sources—such as public assistance agencies, homeless service providers, and government child welfare agencies—to verify a child is categorically eligible for Head Start. Once eligibility is determined, a child remains eligible until the end of the subsequent year, unless the child is moving from Early Head Start to Head Start, in which case the program needs to re-verify eligibility.

Enrollment strategies are discussed in the reviewed literature less commonly than recruitment and retention. When they are examined, studies generally use the term “enrollment.”

Eligibility verification requirements

“(1) To verify eligibility based on income, program staff must use tax forms, pay stubs, or other proof of income to determine the family income for the relevant time period...

(2) To verify whether a family is eligible for, or in the absence of child care, would be potentially eligible for public assistance, the program must have documentation from either the state, local, or tribal public assistance agency that shows the family either receives public assistance or that shows the family is potentially eligible to receive public assistance.

(3) To verify whether a family is homeless, a program may accept a written statement from a homeless services provider, school personnel, or other service agency attesting that the child is homeless or any other documentation that indicates homelessness, including documentation from a public or private agency, a declaration, information gathered on enrollment or application forms, or notes from an interview with staff to establish the child is homeless; or any other document that establishes homelessness...

(4) To verify whether a child is in foster care, program staff must accept either a court order or other legal or government-issued document, a written statement from a government child welfare official that demonstrates the child is in foster care, or proof of a foster care payment” (45 CFR §1302.12[i]).^{6,7} ▲

Retention

We define *retention* as the processes by which Head Start maintains eligible enrolled children and families in programming. Per HSPPS 1302.16, promoting and tracking attendance, addressing issues around attrition, and promoting family engagement are considered critical elements in supporting retention. For example, programs must encourage regular attendance among families by conducting home visits and designing individualized strategies when children are at risk of missing at least 10 percent of program days. When a child stops attending, programs must work to reengage the family before releasing the family’s slot. Programs are also held accountable for their monthly attendance rates and, as a part of their continuous quality improvement efforts (HSPPS 1302.102), they must identify and address systematic factors contributing to low attendance when their monthly attendance rate falls below 85 percent. The standards also allow accommodations to retain children experiencing homelessness specifically, if a program determines a child is eligible under HSPPS 1302.12[c], including providing transportation if the family does not have transportation to or from the program.

Studies in the reviewed literature also focus on strategies and factors related to *attendance*, *attrition*, *participation*, and *parent engagement*. We include these studies when discussing findings focused on retention strategies.

⁶ The Migrant or Seasonal Head Start program also requires that a family’s income be primarily earned through agricultural work. The American Indian and Alaska Native (AIAN) Head Start programs serve both AIAN and non-AIAN children who meet these eligibility requirements and live in tribal agencies’ service areas.

⁷ Head Start programs may fill up to 10 percent of their slots with children who do not meet these eligibility requirements—and up to 35 percent if the program demonstrates it is already serving all eligible children and pregnant women in their area—so long as families’ incomes are between 100 and 130 percent of the federal poverty level. AIAN programs may enroll a higher percentage—up to 49 percent—under certain conditions outlined in HSPPS 1302.12[e].

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IV. Adversities faced by Head Start-eligible families

To frame the findings of the literature review, this chapter describes the Head Start population and the adversities challenging many families eligible for the program. As noted above, we focus on four common adversities emphasized in Head Start standards, policies, or initiatives, or identified as priorities by ACF staff: families experiencing poverty, those experiencing homelessness, those in the foster care or child welfare system, and those affected by substance use.⁸ We include national statistics on the prevalence of different adversities and how many families face more than one. Where possible, we also describe racial and ethnic differences and disparities in families' experiences of adversity. We draw on literature and resources outside the scope of the literature review to provide this context. For example, we draw on nationally representative studies of Head Start (such as the Family and Child Experiences Survey [FACES]), the Program Information Report (PIR), and annual state reports on the prevalence of key adversities.

Although the sections and chapters that follow focus on the adversities families experience, all families also have strengths and many are resilient, achieving positive outcomes and revealing their capacity in the face of adverse experiences (Criss et al. 2015; National Scientific Council on the Developing Child 2015). As we describe in subsequent chapters, the resources and relationships that Head Start settings provide can be important sources of support for the resilience of children and families experiencing adversity.

Key findings

- Living in poverty is the most common adversity that families in Head Start experience.
- Poverty is linked to adverse challenges and outcomes for children and families—among them, homelessness, substance use, domestic violence, and mental health stresses (Giano et al. 2020; NASEM 2019; Chrisler et al. 2013). In addition, these adversities often co-occur in many families.
- Families experiencing poverty, experiencing homelessness, affected by substance use, and involved in the foster care and child welfare system face significant challenges to their overall physical and mental health and well-being.
- There are racial and ethnic differences and disparities in the likelihood that families will experience adversities.

Families experiencing poverty

Poverty is more prevalent than other adversities for families with young children. It is also particularly pernicious for young children (Barch et al. 2021; Jones Harden et al. 2012). In 2019, nearly one in five children younger than age 6 in the United States lived in poverty (National Kids Count 2020a). Nationally, 67 percent of children served by the Head Start preschool program live at or below the

⁸ Head Start standards prioritize enrollment of families experiencing poverty, those experiencing homelessness, and those involved in the foster care system, and allow accommodations for the latter two groups. Families involved in the child welfare system but not in foster care and those affected by substance use were selected as families of focus based on Head Start initiatives and ACF staff priorities.

poverty level (Tarullo et al. 2017), including one-third (31 percent) who live in deep poverty (that is, on incomes lower than 50 percent of the poverty threshold).⁹ In the Early Head Start program, 63 percent of the children and pregnant women served live at or below the poverty level, including 23 percent who live in deep poverty (Xue et al. 2021).¹⁰

Poverty can profoundly shape parenting behavior and children’s development. Parents experiencing poverty can struggle to meet their children’s material needs (such as adequate housing, food, and health care), and their financial hardship can create stress and conflict that strain parent-child interactions (NASEM 2019). As a result, childhood poverty is linked to a range of negative outcomes, including lower educational attainment and earnings, poorer physical and emotional health, and increased incidence of criminal behaviors, compared with children living above the poverty line. And the most vulnerable and dependent children—those younger than age 6—have the highest risk of living in poverty (Children’s Defense Fund 2020).

Poverty also relates to parents’ well-being. Research suggests that mental health challenges are significantly more common in families with low incomes (Chrisler et al. 2013), including among Head Start families (Malik et al. 2007). About 9 percent of Head Start families are identified by programs as receiving services for mental health needs (OHS 2019), which likely underestimates the true percentage of Head Start families experiencing mental health issues.¹¹ For example, a study of Head Start programs in one county found that 21 percent of Head Start parents reported having unmet mental health service needs (Razzino et al. 2004). Importantly, parents’ mental health challenges can significantly impact their feelings of self-efficacy and parenting behaviors (Center on the Developing Child at Harvard University 2009; Chrisler et al. 2013), as well as their employment and retention of public benefits (such as food stamps) (Beardslee et al. 2018). Among Head Start parents specifically, maternal depression is associated with children’s aggressive behavior (Malik et al. 2007).

Families eligible for Head Start share many adversities linked to the experience of poverty. For example, children living in poverty are at a higher risk of becoming homeless (Giano et al. 2020) and having other

Definition of poverty

Poverty guidelines, which are set by the U.S. Census Bureau, are based on household income and the number of family members. Federal agencies establish poverty guidelines based on thresholds to assess eligibility for income-based programs. For example, households at or below 130 percent of the threshold may be eligible for the Supplemental Nutrition Assistance Program or free school meals. Head Start qualifying criteria use family income in addition to other (non-income-related) characteristics to decide who qualifies for the program.▲

⁹ These data are based on household income reported by parents in a national survey of Head Start participants. These survey data are not verified with documentation and therefore, may differ from family income used for Head Start eligibility determination. For example, survey respondents may include income types that are considered noncountable (for example, noncash benefits such as Supplemental Nutrition Assistance Programs benefits), and they may include countable income for individuals who are not considered a part of the child’s family for the purposes of eligibility determination.

¹⁰ These data are based on household income reported by parents in a national survey of Early Head Start participants. These survey data are not verified with documentation and therefore, may differ from family income used for Head Start eligibility determination. For example, survey respondents may include income types that are considered noncountable (for example, noncash benefits such as Supplemental Nutrition Assistance Programs benefits), and they may include countable income for individuals who are not considered a part of the child’s family for the purposes of eligibility determination.

¹¹ Research suggests that stigma leads people to underreport mental health conditions and refrain from seeking treatment (Bharadwaj et al. 2017).

adverse childhood experiences, including abuse and neglect and family substance use (NASEM 2019), and exposure to violence and parent mental health issues (Jones Harden et al. 2012). Children living in poverty are also more likely to experience three or more adverse childhood experiences, and adult health outcomes for children worsen as the number of adverse childhood experiences increases (NASEM 2019). Early childhood programs can help improve children’s outcomes by better understanding the adversities families experience and developing high-quality and comprehensive programs that are responsive to families’ individual cultures and needs (Jones Harden et al. 2012).

Families are not at equal risk for experiencing poverty, however; children of color are overrepresented among children living in poverty (Children’s Defense Fund 2020). Although this literature review did not focus on systemic issues that contribute to racial and ethnic disparities in adverse experiences, inequities persist in the United States in accessing affordable housing, health care, and educational opportunities, each of which are important determinants of health and success (Garrett-Akinsanya 2014; Meek et al. 2020). These inequities shape not only the experience of poverty but also those of homelessness, substance use, and foster care or child welfare system involvement.

Families experiencing homelessness

On any given night, more than half a million people in the United States experience homelessness, with families accounting for about one-third of this population (Henry et al. 2020). Families are a rapidly growing share of the homeless population (Salim Bakare 2016), and families with very young children are at greatest risk (Shinn et al. 2016; Perlman and Fantuzzo 2010). Indeed, about half of all children served by emergency shelters are younger than age 6 (Shaw 2019). Between 2017 and 2018, about 6 percent of children younger than age 6 were experiencing homelessness (Yamashiro and McLaughlin 2020).

Nationally, 6 percent of families enrolled in Head Start experience homelessness (OHS 2019). Families experiencing homelessness may find it difficult to enroll and keep their children in ECE settings as they

Head Start (McKinney Vento) definition of homelessness

Families experiencing homelessness can include families living in homeless shelters, doubled-up housing, temporary or transitional housing (for example, motels), or on the streets.¹² The Improving Head Start for School Readiness Act of 2007 made children experiencing homelessness automatically eligible for Head Start services and also prioritized them for enrollment. Some state Head Start Collaboration Offices (HSCOs), which coordinate services between Head Start grantees and other state and local entities, also prioritize community coordination and Head Start/Early Head Start enrollment for families experiencing homelessness (daCosta Nunez et al. 2011).▲

¹² The McKinney-Vento definition of homelessness, from the National Center for Homeless Education, is used by the U.S. Department of Education and Head Start and Early Head Start programs (deSousa 2016): “The term ‘homeless children and youths’—(A) means individuals who lack a fixed, regular, and adequate nighttime residence . . . and (B) includes—(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals; (ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings . . . ; (iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and (iv) migratory children . . . who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).” (Available at <https://nche.ed.gov/mckinney-vento-definition/>.)

often experience challenges with mobility, transportation, and meeting their basic needs (Perlman et al. 2017). In 2018, only around 9 percent of children younger than age 6 who were experiencing homelessness were enrolled in a federally funded ECE program, including Head Start, Early Head Start, or other programs supported by McKinney-Vento funding (Yamashiro and McLaughlin 2020).

Homelessness has important implications for children’s development. Families facing homelessness typically struggle to meet their children’s physical, emotional, and educational needs (Salim Bakare 2016). In case studies of families experiencing homeless, deSousa (2016) found that many families are exposed to unhygienic conditions and some are forced to temporarily reside in unsafe conditions (for example, with individuals who are abusive or struggling with substance use). Homelessness also exposes children to a range of chronic stressors—among them, exposure to unstable environments; family conflict and separation; and the co-occurrence of other adversities, such as parent mental health issues, domestic violence, and parent substance use (deSousa 2016).

A variety of events can precipitate homelessness for young families—being evicted, a lack of affordable housing, losing a job, struggling with addiction or mental health challenges, and fleeing domestic violence, for example (Wright et al. 2020). Individuals experiencing mental health challenges, chronic substance use challenges, or domestic violence are the largest subpopulations of individuals experiencing homelessness in the U.S. (USHUD 2020). Consequently, as noted above, homelessness may co-occur with other adversities.

Significant racial and ethnic disparities are also evident in homelessness, with families of color overrepresented among those families experiencing homelessness (Children’s Defense Fund 2020; Garrett-Akinsanya 2014). Research suggests that bias in the criminal justice system and uneven access to economic mobility, affordable housing, and behavioral health systems are key factors explaining the overrepresentation of people of color, particularly Black and American Indian/Alaskan Native people, in the population of individuals experiencing homelessness (Olivet et al. 2018).

Families involved in foster care or the child welfare system

Different states have different child welfare systems, but their definitions of child maltreatment generally include physical abuse, sexual abuse, emotional abuse, and neglect (Child Trends 2019). Child welfare staff place children in foster care, a temporary living situation, when they determine it is in the best interest of the child’s safety and well-being. Most children in foster care are in family homes, either with relatives or nonrelatives (as opposed to group homes or institutions). In many cases, child welfare agencies are working toward reunifying children with their parent or primary caretaker (Child Welfare Information Gateway 2020a). In most instances, children who have had contact with the child welfare system are not placed in foster care,¹³ and therefore may not be prioritized for Head Start.

About 3 percent of children in the United States were the subject of Child Protective Services (CPS) reports in 2019, and less than 1 percent were victims of child abuse and neglect (USDHSS 2021). Children younger than age 5 are more likely than older children to experience maltreatment or involvement in the child welfare system (Klein 2016). Young children are at greater risk for abuse and neglect: three-quarters of the victims were younger than age 6. As of 2018, 6 out of every 1,000 children

¹³ Most children who receive services after a maltreatment investigation or “alternative response” are receiving in-home services; less than one quarter are placed in foster care (Child Welfare Information Gateway 2021a).

were in foster care in the United States (National Kids Count 2020b), and children younger than age 6 accounted for nearly half of them (National Kids Count 2020c).

Nationally, 4 percent of Head Start children are in foster care (OHS 2019). The percentage of Head Start children who live in families with some involvement in the child welfare system is not known. Recognizing that Head Start can provide stability, support, and strengthening for families in the child welfare system, the national program encourages local programs to develop cooperative agreements with local child welfare agencies to better coordinate children’s care (for example, by developing standardized referral systems, improving screening, and offering cross-training for staff) (OHS and ACF 2010).

Children involved in foster care and/or the child welfare system face numerous stressors and adversities. Klein and colleagues (2018) found that children in the child welfare system often have unstable home environments and living situations, relationships with primary caregivers, and access to personal belongings.

Caregivers with children involved in foster care or the child welfare system also have significant needs and co-occurring adversities (Quality Improvement Center on Domestic Violence in Child Welfare 2019; Wilson et al. 2012). More than one-third of families enter the foster care system because of parent substance use (Children’s Defense Fund 2020).

Racial and ethnic disparities in child welfare involvement exist, with children of color, particularly Black children, overrepresented in foster care nationally (Children’s Defense Fund 2020). Children identifying as American Indian, Alaska Native, or African American have the highest rates of CPS-determined abuse and neglect and child fatalities from abuse and neglect (USDHSS 2021). Some research suggests that these disparities are due to racial bias within the child welfare system and in American society at large (Child Welfare Information Gateway 2021b; Dettlaff and Boyd 2020). Others also point to the challenges, such as poverty, that many families of color experience that make them more vulnerable to involvement with the child welfare system (Child Welfare Information Gateway 2021b).

Families affected by substance use

A substantial portion of families with young children are affected by substance use, including illegal drugs, alcohol, and tobacco. For example, recent estimates by the United Hospital Fund (Brundage et al. 2019) indicate that more than 2.2 million children were directly impacted by parental opioid use in 2017. Of these, more than 900,000 were under 6 years old. Nearly 6 percent of pregnant women (ages 15 to 44) use illegal drugs (Center for Behavioral Health Statistics and Quality 2020), and more than 1 in 10 children under 5 years old live with a parent who is experiencing a substance use disorder (Lipari and Van Horn 2017).

Definition of child welfare system

The child welfare system includes preventive, protective, foster care, and adoption services for children and families, with a focus on children exposed to abuse and neglect (OHS, ECLKC 2021d). A primary goal of the child welfare system is “to develop programs that focus on preventing child abuse and neglect by strengthening families, protecting children from further maltreatment, reuniting children safely with their families, and finding permanent families for children who cannot safely return home” (Child Welfare Information Gateway 2020b). Children in foster care are categorically eligible for Head Start, and the national Head Start program encourages local programs to prioritize selecting children in the child welfare system (OHS, ECLKC 2010).▲

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Definition of substance use disorders

The field uses a range of terms, including substance use, substance misuse and substance use disorders. Substance use disorders occur when substance use interferes with one's health and responsibilities in clinically significant ways (SAMHSA 2020). ▲

Nationally, 1 percent of Head Start families are receiving services for substance use treatment and 4 percent are receiving prevention services in 2019 (OHS 2019). As noted above, the national Head Start program has recently emphasized supporting children and families affected by substance use (OHS, ECLKC 2021c). In particular, Head Start seeks to support families impacted by opioid use and other substance use disorders, provide messaging to prevent children's exposure to substance use (for example, during pregnancy and breastfeeding), and promote smoke-free environments. Head Start also promotes regular screenings for substance use so staff can connect families with community resources—and help reduce adverse impacts—as quickly as possible (OHS, ECLKC 2021d).

..... Prenatal substance use affects multiple domains of child development, with the effects varying depending on the substance used. These effects can include prematurity and low birth weight, greater reactivity to stress, increased arousal, sleep and feeding disturbances, excessive crying, difficulties with responses to light and sound, and hyperactivity (NASEM 2016; Neger and Prinz 2015).

Substance use also has significant impacts on caregiving. Substance use can interfere with a parent's production of oxytocin and dopamine, thus affecting their motivation to engage with and respond to their child. Substance use may also affect a parent or caregiver's ability to regulate stress, making them more likely to exhibit harsh or withdrawn parenting behaviors (NASEM 2016; Neger and Prinz 2015).

Substance use is also linked to other adversities. For example, it is often linked to post-traumatic stress disorder, interpersonal violence (Bailey et al. 2019), and mental health challenges such as parental depression, which put children at even greater risk for emotional, behavioral, and social challenges (Solis et al. 2012). Substance abuse is also a key risk factor for child abuse and neglect (NRC 2014). As noted above, parental substance use often co-occurs with the experience of homelessness (which is also often linked with domestic violence [USHUD 2020]).

Racial differences exist in the prevalence of substance use, with patterns differing by substance and racial/ethnic background. For example, nationally, American Indian/Alaska Native and multiple-race parents are most likely to report having a drug or alcohol use disorder, compared with parents of other races and ethnicities. Whereas alcohol use disorder is the most common one across all races and ethnicities, opioid use is the second most common disorder for White and multiple-race parents, compared with marijuana for Black and Hispanic parents (Lynch et al. 2019).

V. Families experiencing poverty

In this chapter, we describe what we learned from the literature review about RSER strategies for families experiencing poverty. First, we describe what we learned about the factors that might influence the RSER strategies appropriate for families, and thus may have implications for the RSER strategies that programs use and their potential effectiveness; among them are family, program, community, or other factors, including policy factors. Second, we describe promising RSER strategies identified in the research studies or practice-based literature, based on largely suggestive evidence. We organize both discussions around each of the four strategies: recruitment, selection, enrollment, and retention. When findings are specific to Head Start programs or parents, we note this fact in our discussion.

Many of the studies that focus on families experiencing poverty or with low incomes also focus on other key populations (for example, studies focused on families experiencing homelessness who are also living in poverty), with the findings often geared toward that more specific population. In this section, we focus on those studies specific to families experiencing poverty, with one exception; as noted in the introduction, we also highlight research inclusive of families who are immigrants, as some of the factors cited in these studies are relevant to other families with low incomes—particularly those of color with low incomes.

Among the studies we reviewed for this population are those that reflect both program and parent perspectives on RSER. Most of the literature on factors shaping RSER strategies is based on parent perspectives and thus examines the influence of family factors, such as their preferences, needs, and other characteristics. Consequently, the factors we discuss focus primarily on parent-reported preferences, needs, and barriers, which ultimately have implications for program strategies. A program's ability to successfully reach families experiencing poverty may largely depend on the extent to which their RSER strategies are responsive to these family factors. In contrast, most of the literature on promising strategies describes what programs should do to recruit, enroll, and engage families experiencing poverty.

Historical research

D'Elio (2001) collected detailed information on RSER practices in 11 Head Start programs that revealed several key findings including:

- Programs commonly felt Head Start eligibility requirements are too strict and that family income alone does not fully capture family “need.”
- Program practices are not always aligned with program standards. Programs sometimes override their objective selection criteria and weighting. Staff advocate for certain families and serve ineligible families they feel would benefit from the program (for example, families affected by substance use, mental health challenges, and domestic violence).
- Programs use waiting lists differently. Lists are commonly used to fill open spots due to turnover, but typically families' contact information was outdated or families no longer needed care when programs reached out.
- The report highlighted three potential strategies for identifying unserved families: (1) referrals from enrolled families, (2) referrals from local service agencies, and (3) using listed samples of telephone numbers targeted to include families eligible for Head Start.

Notably, these findings do not reflect current Head Start initiatives and performance standards. For example, the Head Start Act of 2007 directed programs to prioritize children experiencing homelessness for enrollment, and to apply the McKinney-Vento definition of homelessness. Despite these limitations, the report does provide methods and questions that could inform the design of the Head Start REACH case studies and in other future research of RSER practices. ▲

The studies included for families experiencing poverty take place in a range of settings—both Head Start and other ECE settings (Table V.1). Among the 10 studies that examine Head Start settings, 5 focus on Head Start’s preschool program, 1 examines Head Start’s infant and toddler program (Early Head Start), and 4 examine both. A small number of studies focus on programs that are not limited to families experiencing poverty. We include these studies to provide more coverage of programmatic perspectives, which are not well represented in the literature. Studies described in this chapter also include families with low incomes, not just those living in poverty.

Studies on this population focus primarily on recruitment and retention. Few of them focus on enrollment, and none focuses on selection. To fill gaps in the academic literature, we also draw on one practice-based resource that describes promising recruitment and retention strategies for human services programs in general.

Table V.1. Number of research studies focused on families experiencing poverty, by perspective and setting

Category ^a	Total	Perspective		Setting		
		Program ^b	Parent ^c	Head Start ^d	Early childhood ^e	Other
Recruitment	10	6	4	5	5	–
Selection	–	–	–	–	–	–
Enrollment	2	2	–	2	–	–
Retention	9	5	4	3	6	–
Total number of research studies	19	11	8	10	9	–

^a Categories are not mutually exclusive; a study may discuss more than one category.

^b Studies with program perspectives include studies that also examine parental factors.

^c Studies with parent perspectives exclude studies that examine program factors.

^d Studies of Head Start settings include studies that examine other early childhood settings in addition to Head Start or Early Head Start.

^e Studies of early childhood settings exclude studies that examine Head Start or Early Head Start settings.

Key findings

- There is little to no ECE literature on selection and enrollment strategies focused on families experiencing poverty.
- Most of the available research on RSER is descriptive. Only two studies use an experimental design to test specific engagement strategies.
- Social networks appear to play a key role in how families with low incomes find and select Head Start and ECE settings, suggesting that these networks could play a key role in recruitment ($n=2$).
- **Social connections within the program may also encourage family engagement in programs** ($n=1$).
- For families with low incomes, Head Start may serve a niche role for providing dependable and affordable care ($n=1$), particularly for younger children (younger than age 4) not traditionally served by state pre-K programs ($n=1$).
- Some groups of families experiencing poverty may experience unique challenges to program attendance and engagement. These groups comprise families of color ($n=3$) and families with parents experiencing emotional distress ($n=1$), weak social and staff connections ($n=3$), and cultural isolation or discrimination ($n=1$).
- Recruitment strategies may be more successful if they involve a broad set of trusted community partners ($n=4$), *including current and previous program participants*.
- Referral partners report challenges to connecting families to ECE programs, including administrative burden and changing family circumstances ($n=1$). *Programs may be able to overcome some of these challenges by establishing formal agreements, simplified processes, and routine contact with their referral partners* ($n=1$). Medical home-Head Start partnerships may also be a useful referral model ($n=1$).
- Recruitment efforts may be more successful if they include clear messages about how families can benefit from the program. Families may be more responsive to accessible, culturally responsive language that reflects—but does not make assumptions about—their preferred languages ($n=3$).
- **Text messaging may be a promising tool for encouraging and coaching families through the Head Start/Early Head Start eligibility verification process** ($n=1$).
- Engagement and retention appear to be supported by *tailoring program services to families' unique needs*, creating a welcoming and culturally-inclusive environment, and building high quality relationships between families and staff ($n=3$).

Note: Findings (unless in italics) are drawn from research studies; n = indicates the number of research studies from which the finding is drawn. Findings in bold text are drawn from an experimental study. Findings in italics are drawn from practice-based resources.

Which factors shape or influence the RSER strategies Head Start programs use with families experiencing poverty? What factors shape the effectiveness of these strategies?

In this section, we describe what we learned about the factors that may have implications for the RSER strategies that programs use and the potential effectiveness of those strategies. Most studies focused on family factors, such as families' needs, preferences, or characteristics, which have implications for the design of effective recruitment, enrollment, and retention strategies. A couple of studies described federal and state policy factors that shape enrollment levels in Head Start. No studies examined factors related to selection.

Recruitment

Several family factors shape how parents choose among care options for their children. Four studies discussed these parental factors that may have implications for recruitment efforts. They indicate that social networks play a key role in how families find and select providers. Language barriers and discrimination may also play a role. Ultimately, families that choose Head Start may have a distinct need for full-time, dependable child care, relative to other families experiencing poverty.

Parents with low incomes report using their social networks to make ECE decisions, typically drawing on trusted members of their circle to help with decision making (Moran 2021). This finding may also be true for families who are immigrants or families of color, who sometimes cite cultural and linguistic discrimination as factors that lead them to rely on social networks and familiar community organizations for helping them select ECE options (Ansari et al. 2020). Families who have recently emigrated to the United States, however, may lack local social networks to provide child care, transportation, and other supports. Language and discrimination can be significant barriers to developing social networks and accessing services, even after families enroll in programs such as Early Head Start (Barolet-Fogarty 2016).

Several factors shape what parents with low incomes prioritize when making their ECE decisions. Two studies discussed such factors. In one study, parents reported making choices on the basis of program safety and learning activities, the program's accessibility and affordability, and families' previous child care experiences (Moran 2021). Parents in this study did not suggest that quality ratings were important in their ECE choices. In another study by Crosnoe and colleagues (2016), several family factors predicted whether families living with low incomes enroll in Head Start or non-Head Start preschool programs. Specifically, mothers who were born outside of the United States, are Black or Latino, have lower levels of education (a high school education or less), and are enrolled in Medicaid are more likely to enroll in Head Start than other programs. Head Start parents also reported caring more about cost and whether the provider will provide care when the child is sick, whereas parents who select non-Head Start programs reported caring more about convenience (that is, distance from their home). These findings suggest that Head Start may be reaching families who have distinct needs and motivations. Notably, families who enroll in Head Start do not differ from those who enroll in other preschool programs in their care preferences (class size and kindergarten preparation), children's skills and persistence, and the quality of the parent-child relationship.

Where families ultimately enroll reflects not only demand factors (that is, families' ECE needs and preferences) but also supply factors (that is, the availability of alternative care arrangements). We reviewed one study that examined these factors; it suggests that Head Start may be shifting toward

serving younger children in response to the expansion of state pre-K programs. The expansion of state pre-K programs is not contributing to a decline in Head Start enrollment in its preschool program, but it may be changing who Head Start serves. Specifically, Head Start programs in states with larger state pre-K programs tend to enroll more children younger than age 4 and full-day children relative to programs in states with smaller state pre-K programs (Bassok 2012). As noted in Chapter III, HSPPS require Head Start programs to prioritize serving younger children if high quality, full-day preschool is available for 4-year-olds in their area. These findings suggest that Head Start programs may be doing just that, either through their recruitment or selection processes.

Selection

We did not identify any studies that focused explicitly on factors shaping how programs select families experiencing poverty (or with low incomes) for enrollment. Head Start lacks the funding necessary to serve all children living in poverty. Barnett and Friedman-Krauss (2016) estimated that an additional \$14.4 billion in funding would be needed to serve all 3- and 4-year-olds living in poverty, and even more for infants and toddlers. Understanding factors that shape programs' approaches to selection could shed light on which eligible families are ultimately served; yet, this topic constitutes a gap in the academic literature.

Enrollment

Families who would prefer to enroll in Head Start may experience barriers to completing the application process. One study suggested that the complexity of the verification process—particularly for Head Start/Early Head Start—may hinder families with low incomes from access to publicly funded ECE programs. Weixler et al. (2020) examined a text messaging intervention in one school district's centralized ECE application system, which included all public school pre-K programs, Head Start, Early Head Start, and state-funded preschool programs.¹⁴ The intervention aimed to increase the number of parents who completed the eligibility verification process after beginning their application. An analysis of text message exchanges between district staff and applicants revealed that most parents—especially Head Start/Early Head Start parents—were aware of the eligibility verification process. However, the vast majority (more than 80 percent) needed help in understanding the specific steps involved. Families typically had questions about when and where verification needed to occur, and the documentation required. A smaller share of parents (20 percent) cited logistical barriers, such as not having the required documentation or having a scheduling conflict with available verification appointments.

These text message exchanges also revealed two common misunderstandings specific to unifying Head Start/Early Head Start and public pre-K applications in a single, unified application system that uses one common application from a family for multiple ECE programs. First, parents were often unaware that they needed to complete verification annually as a part of this unified application system. They often thought they did not need to complete the verification process if their children were already enrolled in the program, especially if they enrolled their children later in the program year. Second, many parents were unaware that the verification process for Head Start/Early Head Start was different from the process

¹⁴ As this study notes, there has been limited research about the effects of administrative burden on ECE enrollment. This study draws on a body of research from K-12 and postsecondary education, as well as some research on the child care subsidy system, that suggests innovations to reduce administrative burden can increase parent responsiveness and enrollment.

for a school-based pre-K slot, and that verification for the latter could not be applied to a Head Start slot (although a Head Start verification could be applied to a school-based pre-K seat) (Weixler et al. 2020).

Retention

ECE programs have room to improve their retention strategies for some groups of families experiencing poverty, including families of color and those with parents experiencing emotional distress, weak social and staff connections, or cultural isolation or discrimination. Six studies focused on parental factors that shape program retention.¹⁵ They highlighted a range of factors that shape attendance in or engagement with preschool programs for families with low incomes (Susman-Stillman et al. 2018), Head Start programs specifically (Anderson et al. 2015; Nix et al. 2018; Sommer et al. 2017), or other interventions in ECE settings, including the following:

- *Race/ethnicity:* Two studies found differences in attendance by race/ethnicity (Nix et al. 2018; Susman-Stillman et al. 2018), with findings generally suggesting less consistent participation for families of color, who may experience unique barriers to attendance, as described in the final bullet below. Specifically, attendance in home visiting was lower among Black and Latino families relative to White families in one study (Nix et al. 2018), whereas attendance in preschool was lower among Black families but not Latino families relative to White and Asian families in the other study (Susman-Stillman et al. 2018).
- *Parent work status and education:* Findings related to parent work status and parent education were mixed and varied by setting. Nix and colleagues (2018) found no differences in attendance by parent education and work status in Head Start settings, whereas Susman-Stillman and colleagues (2018) found that attendance in a school-based preschool program was lower for parents with less than a high school degree and employed part-time.
- *Parent well-being:* Work by Nix and colleagues (2018) found that Head Start parents experiencing less distress (a composite of depression and stress) were more likely to use parent engagement materials, that aimed to enhance parent-child interactions and parent support for children's development, between home visiting sessions than parents experiencing more distress.
- *Relationships with other parents and staff:* Relationships with other Head Start/Early Head Start parents and staff can also play a key role. One experimental (randomized controlled trial) study in a Head Start program found that social connections among parents in the program can influence and encourage program attendance (Sommer et al. 2017). In addition, fathers with low incomes cited their relationship with program staff—in particular, the welcoming environment that staff create and staff responsiveness to the parents' needs—as critical support engagement in Head Start/Early Head Start (Anderson et al. 2015). Insights from an intervention aimed at promoting nutrition, physical activity, and healthy weight status among Head Start parents and children (Zahry and Ling 2020) also serve to highlight the importance of social connections.
- *Responsiveness of services:* Zahry and Ling's (2020) study and a study of an early childhood system of care focused on serving children with severe emotional and behavioral challenges (Champine et al.

¹⁵ After receiving expert feedback, we identified an additional study (Caronongan et al. 2014) that examined family and program factors associated with program retention in Early Head Start and Head Start that was not identified by our review procedures. The study explored characteristics of families that are associated with leaving the Early Head Start program early, but it did not discuss any programmatic strategies for retaining families experiencing specific adversities. We briefly describe the findings of that study in this section, for additional context.

2018) also suggested other factors that shape participation, among which are perceptions that the program offers helpful information, accommodates families' schedules, and provides culturally responsive services—that is, providers demonstrate understanding, knowledge, and inclusion of the child's culture in the delivery of services.

- *Specific barriers:* Specific barriers also shape attendance in ECE programs for parents with low incomes, because for many of them, getting their child to the ECE program can be challenging. In a study of attendance in a school-based preschool program (Susman-Stillman et al. 2018), parents reported barriers related to transportation, child and parent health issues, challenges in family life (housing instability and competing work schedules, for example), communication (for families who speak a language other than English), and feelings of isolation or disconnection from other parents in the program. Parent-reported barriers also varied by race/ethnicity, with families of color (that is, Black, Asian, and Latino) more likely to cite health-related issues affecting attendance (both for the child and parent). At least one parent in this study cited racial discrimination by program staff—specifically, a teacher consistently discounted a father's family engagement based on his race—as a barrier. Time and schedule constraints and transportation issues also emerged as barriers to participation in a lifestyle intervention aimed at Head Start families (Zahry and Ling 2020).
- *Family background characteristics:* Caronongan et al. (2014) found that families experiencing poverty, children whose mothers were teenagers when they were born, families who had moved at least once in the last year, and children experiencing medium or high levels of maternal demographic risks were more likely to leave the Early Head Start program early, compared to families without these characteristics. Race, ethnicity, and home language, however, were not associated with leaving Early Head Start before their program eligibility ended. Families in Head Start who had moved at least once before enrolling, who spoke English as primary language at home, and who experienced higher levels of food security were more likely to leave Head Start early, compared to families without these characteristics. For Head Start, but not Early Head Start, rates of early leaving were also higher among programs in rural areas (versus urban areas) and those with higher levels of teacher turnover.

Which approaches are the most promising for recruiting, selecting, enrolling, and retaining families experiencing poverty and facing barriers in using Head Start programs?

In this section, we describe what we learned about promising RSER strategies for families experiencing poverty. Most of these studies offer descriptive information about the strategies programs can use to more successfully recruit and retain families. Therefore, these recommendations should be interpreted as largely suggestive, rather than having strong evidence to suggest which practices are most effective. Only two studies used an experimental design to test specific engagement strategies, and two (Archambault et al. 2020; Ward 2014) developed a framework or set of recommendations for

working with families facing adversities based on literature reviews and practice. In addition, we draw on one practice-based resource: a recruitment and retention toolkit for human services programs (Barnes-Proby et al. 2017). None focused on selection. Only three studies were specific to Head Start.

Practice-based resources included in the review

The work of Barnes-Proby et al. (2017) resulted in a toolkit of promising strategies for recruiting and retaining children and families in human services programs. The resource identified strategies through a review of literature and in consultation with national experts on client engagement.

Recruitment

Recruitment efforts involving strong collaborations with trusted community members and organizations may help recruit families experiencing poverty, especially when outreach and services reflect those families' needs, interests, and culture. These strategies were identified by a few studies focused on recruiting families into early childhood programs generally (Archambault et al. 2020; Goldberg et al. 2018; Koivunen et al. 2017) and Head Start/Early Head Start (Grant et al. 2019). Two of these studies noted that maintaining a presence in families' communities, as well as recruiting through trusted community organizations and groups, is particularly helpful when stigma is attached to receiving the program's services (Koivunen et al. 2017) and when families are living in financial distress (Archambault et al. 2020).

Coordinating across organizations for recruitment, however, can be complex. A study of one state's Maternal, Infant, and Early Childhood Home Visiting program found that referrals to early education providers often required significant effort from home visitors—for example, contacting agencies, assisting families with applications, and coordinating appointments (Goldberg et al. 2018). Yet, referrals to early education were still among the least successful, compared to other services such as maternal health or food and nutrition. Administrative burden, missed appointments, changing circumstances of the family, and the lack of affordable child care were identified as possible barriers to successful connections.

Medical home-Head Start partnerships are another potential recruitment strategy. A Head Start/Early Head Start program in an urban area in the northwest partnered with a pediatric clinic serving primarily families with low incomes, which included refugee and immigrant populations (Grant et al. 2019). Although the findings are only descriptive, after implementing a five-step referral and tracking process, referrals to Head Start increased by 46 percent after one year.

Recruitment efforts may be more successful if they reflect families' cultures and preferred languages. Two studies highlighted this point. For families who are immigrants, one descriptive study of family engagement in mental health services for preschool children highlighted the importance of developing messaging sensitive to families' cultures when dealing with services and family engagement (Koivunen et al. 2017). Another study, which conducted a literature synthesis to develop a framework for increasing equitable access to ECE, noted the importance of using multiple languages when recruiting families who are immigrants (Archambault et al. 2020). However, in one study that interviewed Latino/a immigrant families with low incomes, parents reported feeling disrespected when programs assumed they do not speak English (Ansari et al. 2020).

Recommendations from practice-based resources

One practice-based resource that outlines strategies for recruiting families into human services programs broadly reflects many of these findings. Specifically, Barnes-Proby and colleagues (2017) suggest:

- Recruitment strategies are best designed in collaboration with community stakeholders who have unique expertise about families' needs and interests and know how best to reach them. Communication strategies are effective when they are culturally sensitive and clear about what families can gain from the program. Programs can use either gain-framed messaging—that is, focused on families' strengths, or loss-framed messaging—focused on families' problems that can be solved through participation; both can be effective, and programs should use whichever approach works best with their families.
- Community-based outreach should be ongoing and involve a diverse range of community stakeholders and formats. For example, such outreach could include social media; flyers posted where families go regularly (for example, grocery stores); and routine attendance at social events sponsored by faith-based organizations, schools, and other community groups.
- Strong referral networks are critical to programs' recruitment efforts and suggest such networks reflect a broad range of formal community organizations and groups (for example, social services agencies, faith-based organizations, and support groups) as well as informal social networks. After establishing relationships with a diverse set of referral partners, programs can strengthen their referral networks by developing joint referral protocols, memoranda of understanding, simplified referral forms and processes, and maintaining ongoing contact with referral sources. Program participants can also serve as program ambassadors to recruit members of their own networks.
- Investments in training may be necessary to ensure that staff have the communication, organizational, and interpersonal skills needed to improve communications and outreach for recruitment, and strengthen referral networks.

Selection

We did not identify any studies focusing on promising selection strategies for families experiencing poverty.

Enrollment

Communicating more regularly with families via text message may be one effective strategy for encouraging parents through the Head Start/Early Head Start verification process. One experimental study found that parents were more likely to complete the eligibility verification process for publicly funded ECE seats—and complete the process faster—if they received more text message reminders from staff (Weixler et al. 2020). When staff personalized those text messages, used an informal tone, and encouraged parents to respond, parents were also more likely to send return messages to staff, messages that often revealed specific barriers families were facing in the verification process. There was also some evidence that these more personalized messages increased enrollment. However, the effects on verification and enrollment were weaker among families applying to Head Start/Early Head Start versus school-based pre-K programs, even after the district reworked its communications to clarify the Head

Start/Early Head Start process. The authors suggested that the diminished effects may be due to the underlying complexity of the verification process for Head Start/Early Head Start.

Developing a local, public-private early care and education collaborative may be a useful enrollment strategy in rural areas. A case study of one such collaborative in a rural Midwest county identified several strategies that helped programs maximize resources and better meet children’s specific needs (Dorsey 2015). For example, the collaborative developed joint screening and enrollment procedures, used existing programs and space to expand options, and implemented dual enrollment. This case study noted that small communities may be particularly well positioned for developing successful collaborations.

Retention

Designing services that are responsive to families’ needs and cultures and encouraging high quality relationships between families and staff may help retain and encourage attendance among families with low income. Four studies focused on such strategies in ECE programs (Archambault et al. 2020; Koivunen et al. 2017; Ward 2014) and Head Start (Sommer et al. 2017).

One experimental study suggested that cultivating social connections among Head Start families may help increase engagement in preschool programs. Specifically, randomly assigning children to geography-based preschool classrooms—that is, to classrooms with children from their neighborhood—and using a “buddy” system among parents increased Head Start families’ attendance in the winter by two days (Sommer et al. 2017). Impacts were slightly larger for families who had the option to pair with another family to support one another’s attendance.

High quality relationships between staff and families also facilitate family engagement. Positive relationships can be built by creating a welcoming environment (Archambault et al. 2020) and maintaining regular contact with families (Koivunen et al. 2017). For families with parents who are immigrants, two research studies that developed a set of recommended strategies based on literature reviews, and in one case their own practice, noted that it is especially important to promote high quality staff-family interactions that reflect families’ culture and language (Archambault et al. 2020; Ward 2014). For example, Ward (2014) suggested that staff should select home- and center-based activities that incorporate cultural activities specific to the family. In addition, programs should communicate in families’ preferred language as much as possible and provide opportunities for both written and verbal communication (for example, by using a “traveling journal,” in which both families and staff can share information about the child). To build programs’ language capabilities, they can hire community members who speak families’ preferred languages to serve as parent liaisons who help build connections between the program and families.

Recommendations from practice-based resources

One practice-based resource that identifies strategies for retaining families into human services programs broadly reflects many of these findings and recommends that programs use data to continuously improve their retention strategies. Specifically, Barnes-Proby and colleagues (2017) recommend:

- Building a welcoming environment for families, maintaining regular contact with families, and using a communications strategy that employs a variety of methods and a strengths-based approach (one highlighting the families' strengths). They noted that programs may need to offer trainings on strengths-based communication, active listening, and motivational interviewing to ensure staff have the skills needed to develop positive relationships with families.
- Designing responsive programs that accommodate families' needs and resolve barriers that are both logistical (for example, transportation) and less tangible (for example, prior negative experiences, stigma, cognitive functioning). For example, responsive services can include providing transportation, showing flexibility regarding families' schedules, matching staff with families of similar cultural backgrounds, using families' preferred languages, and using accessible and culturally sensitive language. The authors suggest that to understand families' unique barriers to engagement and potential viable solutions, programs should work with community stakeholders and solicit feedback directly from families.
- Developing systems to collect and regularly monitor data on family engagement, in addition to recruitment and enrollment data. Programs can use these data to understand which families exit the program or choose not to enroll in the first place, and then adapt their approaches, services, and staff skills, as needed, to improve responsiveness and quality.

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VI. Families experiencing homelessness

In this chapter, we describe what we learned from the literature review about RSER strategies for families experiencing homelessness. First, we focus on the factors that might influence the RSER strategies appropriate for families and thus may have implications for the RSER strategies that programs use and their potential effectiveness—including family, program, and community or other factors. Second, we describe promising RSER strategies identified in the research studies or practice-based literature, based on suggestive evidence. We organize both discussions around each of the four strategies: recruitment, selection, enrollment, and retention. When findings are specific to Head Start programs or parents, we note this fact in our discussion.

Importantly, in Head Start settings, the adversity of homelessness is almost always embedded in the broader context of poverty, a situation explored earlier in this literature review. Additionally, many of the studies that focus on families experiencing homelessness also focus on other key populations (that is, on families experiencing homelessness and also living in poverty or experiencing substance use).

The studies we reviewed for this population include some that focus explicitly on programmatic strategies or perspectives on RSER, as well as some that describe parental perspectives that may influence these strategies (Table VI.1). With two exceptions, all studies discuss Head Start settings. Among the nine studies that examine these settings, three focus on Head Start’s preschool program, three examine Head Start’s infant and toddler program (Early Head Start), and three examine both programs. The studies address recruitment, selection, enrollment, and retention strategies. We also incorporated one practice-based resource that describes promising strategies for recruiting this population through recommended outreach practices and program case study examples.

Table VI.1. Number of research studies focused on families experiencing homelessness, by perspective and setting

Category ^a	Total	Perspective		Setting		
		Program ^b	Parent ^c	Head Start ^d	Early childhood ^e	Other
Recruitment	7	4	3	6	1	-
Selection	4	3	1	4	-	-
Enrollment	4	3	1	4	-	-
Retention	7	6	1	6	-	1
Total number of research studies	11	8	3	9	1	1

^a Categories are not mutually exclusive; a study may discuss more than one category.

^b Studies with program perspectives include studies that also examine parental factors.

^c Studies with parent perspectives exclude studies that examine program factors.

^d Studies of Head Start settings include studies that examine other early childhood settings in addition to Head Start or Early Head Start.

^e Studies with of early childhood settings exclude studies that examine Head Start or Early Head Start settings.

Key findings

- All of the available ECE research on families experiencing homelessness is descriptive. None of the studies uses an experimental design to test specific engagement strategies.
- Direct recruitment encounters, social networks, and community organizations may play a key role in how families experiencing homelessness find and select Head Start and ECE settings ($n=3$).
- Families experiencing homelessness may face a variety of practical and logistical barriers to participation in Head Start (for example, lack of transportation, high mobility, inconsistent phone access) ($n=4$). Many of the reviewed studies suggest that programs carefully consider these barriers and implement supportive and creative policies to address them throughout the RSER process, including flexible enrollment and retention processes (such as transportation supports).
- The research reviewed suggests that Head Start programs would likely benefit from building strong collaborative partnerships with community organizations that serve families experiencing homelessness (for example, shelters, food pantries) ($n=4$). These relationships are likely to be mutually beneficial and can help move families through the RSER process.
- Several of the reviewed studies suggested that staff may benefit from professional development on the identification and experience of family homelessness and how to best support this population ($n=4$). Recommendations include specialized training in the McKinney-Vento definitions related to education and health and human services (see Chapter III), and related rules around selection and eligibility for children experiencing homelessness; building positive relationships; trauma-informed care techniques; and individualized strategies.
- Retention of this population may be best supported by tailoring program services to families' unique needs and backgrounds, creating a welcoming and inclusive environment, building high quality relationships between families and staff, and providing attendance supports (such as transportation) ($n=4$).

Note: Findings are drawn from research studies; n = indicates the number of research studies from which the finding is drawn.

Which factors shape or influence the RSER strategies Head Start programs use with families experiencing homelessness? What factors shape the effectiveness of these strategies?

In this section, we describe what we learned about the factors that might influence the RSER strategies appropriate for families and thus may have implications for the RSER strategies that programs use, and their potential effectiveness. Most studies focused on family factors, such as families' circumstances, attitudes, needs, and preferences, which have implications for the design of effective recruitment, enrollment, and retention strategies. Seven studies discussed factors related to retention. One study looked at factors related to recruitment, another explored selection factors, and two discussed enrollment factors.

Recruitment

Several parental factors have implications for recruiting families experiencing homelessness. Taylor and colleagues (2015) conducted interviews with parents who had experienced homelessness, including those who had enrolled their children in Head Start. They found that among the key factors influencing preschool enrollment were housing stability, quality of relationships with service providers, a history of trauma, and having extended family as a child care option. Specifically, most children were inconsistently enrolled in preschool. Frequent family moves disrupted children's enrollment and their family's search for ECE. Many parents noted that their current or past trauma led them to be highly protective of their children and resistant to formal ECE settings. Among families who ultimately enrolled their children in preschool, many found it to be a protective environment and positive experience. Finally, strong social networks both facilitated and discouraged enrollment. For example, some families opted to use free care from family or friends, particularly when they were responsible for tuition. For other families, social networks enabled children's enrollment by providing transportation and wraparound care that accommodated parent's schedules.

Two other studies indicate schedule and cost are key considerations for families experiencing homelessness. Fowler and colleagues (2013) evaluated six agencies in Illinois that received special funding to develop innovative strategies for recruiting and retaining young children from traditionally underserved populations (families experiencing homelessness among them) into ECE programs, including Head Start. Many programs received feedback that families needed full-time child care and were not interested in half-day ECE options. Perlman and colleagues (2017), drawing on parent and provider perspectives (including those from Head Start/Early Head Start), found that parents reported great difficulty locating free or inexpensive ECE programs that could accommodate their schedules. Meanwhile, one-quarter of providers reported that a lack of affordable, available slots was a major barrier to families' access to ECE services.

Selection

Families experiencing homelessness may be reluctant to share their housing status with staff. To prioritize such families for enrollment, programs first need to identify those experiencing homelessness. When Wright and colleagues (2020) interviewed parents who had experienced homelessness, including those enrolled in Head Start, they found some parents were reluctant to share their housing status with staff. These parents worried about being stigmatized or having program staff report them to CPS.

Enrollment

Perlman and colleagues (2017) drew on parent and provider perspectives (including those from Head Start/Early Head Start) to understand the barriers that families experiencing homelessness face when accessing ECE services. They found that waiting lists were common and that parents often did not find out about open slots until it was too late to enroll their child.

A research brief from Shaw and colleagues (2020) also highlighted the challenges of matching ECE access and enrollment with the mobility and transitions associated with families actively searching for housing and employment. Drawing on interviews with key informants from HSCOs and child care subsidy, housing, and education settings, they found case management and paperwork was often delayed due to the transitions being experienced by those families.

Retention

Transportation issues and limited program hours may be key barriers to retaining families experiencing homelessness in ECE programs. These factors were cited across four studies. Parents that Wright and colleagues (2020) interviewed expressed an overwhelming preference for longer program hours, more aftercare options, and improvements to the transportation system. Nearly all of the families whose children attended full-day Head Start said their work schedule and other responsibilities would have precluded enrollment in the program had only half-day sessions been offered. In interviews with ECE providers, Salim Bakare (2016) found that limited hours and transportation issues were major barriers to retaining families experiencing homelessness. As noted above, providers interviewed by Fowler and colleagues (2013) also mentioned families' preferences for full-day care. Finally, Perlman and colleagues (2017) identified several key barriers that can impact retention in ECE programs for families experiencing homelessness, including the following:

- *Transportation:* Many providers identified transportation as the barrier to service access they were least successful in helping parents address, often due to a lack of sufficient funding levels and the ability to be flexible to meet the needs of families. Several providers noted that transportation for preschool is not fully covered for all families experiencing homelessness under the McKinney-Vento Act, although access to public transportation is covered.
- *Mobility and communication:* Many providers shared that they had difficulty locating families experiencing homelessness because they are often highly mobile and their access to phone service can be inconsistent. These factors can complicate communication and lead to multiple changes in children's preschool placements.
- *Competing demands:* Both providers and parents noted that families experiencing homelessness must often navigate among multiple competing demands—among them, attending to their families' basic needs.

Staff training and professional development may be priorities for effectively serving families experiencing homelessness. Four studies touched on these topics. In Shaw and colleagues (2020), multiple respondents spoke to these factors. They highlighted the importance of offering ECE provider trainings around responsiveness to families experiencing homelessness, how to build trusting partnerships with families who often feel judged or stigmatized, professional development focused on trauma-informed care for families who have experienced homelessness, and establishing integrative training and technical assistance systems that support providers across ECE and housing professional sectors.

Perlman and colleagues (2017) discussed the importance of expanding and enhancing training for preschool providers on how to identify and refer eligible homeless children, and how to better support these children in programming. Salim Bakare (2016), who conducted interviews with ECE providers, found that most participants had never received specialized training in serving families experiencing homelessness. Participants suggested that it would be especially helpful to learn about potential signs that an enrolled child may be homeless, strategies for building positive relationships with families experiencing homelessness, and ways to implement individualized strategies in the classroom.

Fowler and colleagues (2013) noted that programs could respond to parents' need for full day care in a variety of ways, including by connecting families to the child care assistance program and community options for wraparound services, and that staff would most likely benefit from professional development on these programs.

Given that families of color are overrepresented among those experiencing homelessness, building cultural responsiveness in programs may be important. Garrett-Akinsanya (2014), in an examination of housing resources and comprehensive services for families experiencing homelessness, recommended that programs provide culturally responsive services by drawing on community values, traditions, and customs when developing their programming. This researcher also suggested that programs hire diverse staff, collaborate with families, and address bias and racism.

Collaboration within and across agencies may be an important factor in supporting staff who work with families experiencing homelessness. Schumacher (2013) conducted semi-structured interviews with home visitors and program leaders at an Early Head Start program housed within a large community mental health agency serving many families experiencing homelessness. Home visitors reported struggling with burnout caused by the intensive support they needed to provide to families. Staff reported that they felt well supported by Early Head Start program leaders but wanted greater collaboration from the larger community mental health agency that housed Early Head Start. They suggested that more collaboration would improve program planning and protocols, staff well-being, and service quality.

Which approaches are the most promising for recruiting, selecting, enrolling, and retaining families experiencing homelessness and facing barriers in using Head Start programs?

In this section, we describe what we learned about promising RSER strategies for families experiencing homelessness. These nine studies focused on all four strategies: recruitment, selection, enrollment, and retention. None of the studies used an experimental design to test a specific strategy, and three are policy or practice briefs. Specifically, one brief describes a partnership between Early Head Start and the Connecticut Department of Mental Health and Substance Abuse Services to prevent homelessness (Cuevas and Whitney 2019); another develops policy recommendations based on literature and case studies of families experiencing homelessness (deSousa 2016); and the third develops recommendations for improving ECE data systems to better track families experiencing homelessness (Shaw 2019). In addition, we draw on two practice-based resources that discuss strategies for reaching and serving families experiencing homelessness (USDHHS, NCPFCE 2019; Curran-Groome and Atkinson 2017). Therefore, these recommendations should be interpreted as largely suggestive, rather than having strong evidence to suggest which practice are most promising.

Practice-based resources included in the review

USDHHS, NCPFCE (2019) highlights research-informed strategies for conducting outreach to families experiencing homelessness. It highlights strategies that can be used at the state level and within programs.

Curran-Groom and Atkinson (2017) highlight innovative approaches to serving young children experiencing homelessness in early care and education settings.

Recruitment

ECE programs may want to tailor their marketing messages to the needs and interests of families experiencing homelessness. Taylor and colleagues (2015) conducted interviews with parents who had experienced homelessness and discussed their preferences and experiences when looking for preschools.

Based on interviewees' feedback, the researchers suggested that ECE programs advertise the benefits from their services in moderating stress and promoting school readiness for those families. Relatedly, Wright and colleagues (2020) explored what parents experiencing homelessness valued in preschool programs, finding that in addition to valuing the benefits for their children, they also appreciated the important social support programs offered to them. Specifically, they valued the time they could use to

work, look for work, increase their skills, attend appointments, and take a mental break from parenting to help restore their ability to be responsive to their children.

Families experiencing homelessness might benefit from direct recruitment encounters with Head Start/Early Head Start staff, as well as word-of-mouth advertising. For example, during interviews with ECE providers, Salim Bakare (2016) learned about a former ERSEA specialist who distributed flyers and applications at housing projects, laundromats, and other places where families experiencing homelessness spent time.

ECE programs may need to consider investing more time and resources in building relationships with potential families. Two studies recommended this approach. Fowler and colleagues (2013) indicated a need to individualize recruitment to families by building family-staff relationships and designating funding and time for staff to maintain contact with families, based on their evaluation of six agencies testing innovative strategies. One agency in the study found considerable program success in these efforts. Specifically, through a 1.5-hour weekly preschool activity outreach program, the agency was able to identify 164 eligible children who might not otherwise have enrolled in pre-K or Head Start programming; the outreach program sustained family interest and contact through interim services while families were on waiting lists for enrollment. Salim Bakare (2016) also noted that many families learned about ECE programs through word of mouth in homeless shelters. ECE staff were often invited to shelters to give presentations on the benefits of ECE programming, ways to collaborate with early learning centers and community resource programs, and starting the application process.

Building cross-sector collaborations and information-sharing systems may help facilitate the recruitment of families experiencing homelessness. Four studies touched on these strategies. Perlman and colleagues (2017), drawing on parent and provider perspectives (including perspectives from Head Start/Early Head Start), indicated that it might be valuable for ECE programs to increase their active marketing to homeless shelters, housing service providers, and other entities outside of the ECE service sector. Fowler and colleagues (2013) suggested that programs focus on developing sustainable intra- and interagency collaborations. They reported that developing formal collaborations and working agreements was especially helpful in this regard. For example, agencies that had working agreements with housing programs could obtain lists of resident families with young children who might qualify for interim services while they waited for additional ECE services.

Three of the four studies recommended that homeless shelters and similar organizations incorporate discussion of preschool options when they provide crisis services and case management processes. Perlman and colleagues (2017) recommended that shelter staff help families identify ECE programs in the areas where they might be likely to move when they exited a shelter (rather than programs located near the shelter). They also suggested that staff encourage families to explore waiting lists and enrollment processes as soon as possible, as opposed to waiting until they leave a shelter. Taylor and colleagues (2015) similarly underscored the need for comprehensive referral mechanisms, such as coordinated entry systems in homeless service systems that incorporate automatic referral processes for all families with young children. They also suggested that agency staff be trained to quickly connect families with young children to community providers and ECE organizations. Finally, deSousa (2016), who conducted case studies of families with young children experiencing homelessness, described similar comments about the need for coordinated entry processes.

Cuevas and Whitney (2019) described a community partnership between Early Head Start and residential substance abuse treatment programs for women and children across Connecticut. One of the goals of this

program was to help prevent homelessness by connecting families to housing supports when they graduated from recovery services. Notably, Early Head Start staff collaborated with the staff at this treatment program to boost referrals to Early Head Start and coordinate services and family goal setting across programs. Referral to Early Head Start became part of the treatment program's participation policy. To minimize potential enrollment delays, Early Head Start and residential treatment staff also became familiar with each other's programs, intake processes, and eligibility requirements. To ensure that families had housing options when they left the program, Early Head Start improved their knowledge of and relationships with local housing support programs. They made sure families applied for housing supports while they were enrolled at the residential treatment program and maintained contact with housing programs to monitor families' places on the housing program waiting list.

Recommendations from practice-based resources

One practice-based resource from the National Center on Parent, Family, and Community Engagement (USDHHS, NCPFCE 2019) suggested the following strategies as best practices for improving outreach and recruitment with families experiencing homelessness, echoing the descriptive findings in the research studies presented above:

- Gather community data to inform outreach plans and policies.
- Build a shared understanding among staff and outreach partners about the importance of specifically connecting to families experiencing homelessness.
- Work with families and community partners to do the following:
 - Identify meaningful outreach messages
 - Expand outreach across systems through existing and new relationships
 - Coordinate and collaborate in providing services
 - Remove potential barriers related to documentation
- Ensure that staff at all levels feel confident and prepared to be responsive to families.

Another practice-based resource from Curran-Groome and Atkinson (2017) highlighted the following innovative recruitment strategies:

- Partner with shelters to improve shelter environments and increase referrals.
 - For example, the Connecticut Head Start Collaboration Office developed a model where Head Start and shelter staff work together to create more child-friendly environments at the shelter. The work is guided by co-designed action plans and funded by mini grants. Through this model, Head Start staff can deepen their partnerships with shelters and develop more robust referral systems.
- Develop standardized referral systems.
 - For example, the Anchorage, Alaska school district used Title I funding to develop a referral system with Head Start programs to increase access to ECE services for children who are identified as experiencing homelessness.
- Conduct direct outreach to families.
 - For example, New York City significantly increased enrollment in their public pre-K among children experiencing homelessness by directly calling families experiencing homelessness to inform them about the ECE program and the steps to apply.

Selection

In a policy brief on improving ECE data systems for families experiencing homelessness, Shaw (2019) recommended that ECE programs carefully evaluate their definitions of homelessness. Shaw (2019) noted a need to train ECE staff in the scope and applications of the McKinney-Vento education and health and human services definitions, and highlighted the Head Start NCPFCE's module on applying the McKinney-Vento definition as a resource. The brief recommended that trainings include guidance on how to best determine families' homeless status using the McKinney-Vento definitions, and how to correctly use eligibility criteria to connect families to various services and supports. It also recommended that those who provide housing and other services for families experiencing homelessness through the U.S. Department of Housing and Urban Development receive training on the broader definitions of homelessness in ECE programs (that is, the McKinney-Vento definition used by the U.S. Departments of Health and Human Services and Education), suggesting that doing so would help in determining eligibility and priority access for these families.

Shaw (2019) also recommended that ECE programs routinely collect data on the prevalence of homelessness within their programs. The brief suggested that this collection be done not only at program entry but also throughout the course of the family's involvement in programming. Shaw (2019) highlighted the Head Start PIR as having enough items related to homelessness to allow programs to better track families experiencing homelessness relative to other ECE programs. Finally, Shaw noted programs should be aware that different data sources may use different definitions of homelessness that do not necessarily align with the McKinney-Vento definition.

Perlman and colleagues (2017) offered several recommendations regarding ways in which preschool programs could adapt their selection procedures to better meet the needs of this population. Specifically, the researchers recommended that programs develop policies and practices to prioritize enrolling families experiencing homelessness by, for example, continuing the Head Start practice of prioritizing them on waiting lists. They also recommended that programs continue to investigate options for "transporting" slots across programs, so that highly mobile families can maintain eligibility across different sites within the same program or system.

Enrollment

Families experiencing homelessness may need extra support and greater flexibility in navigating the enrollment process. Four studies touched on this theme. Based on interviews with parents, Wright and colleagues (2020) reported that families experiencing homelessness whose children were enrolled in Head Start or other preschool programs often found it helpful to be guided through the enrollment process by their case workers or other service providers. Salim Bakare (2016) conducted interviews with ECE providers who worked near community organizations that served families experiencing homelessness. They found that several ECE programs offered flexible enrollment policies—for example, providing assistance to families and giving families extra time to obtain documents for enrollment—that were especially helpful for families experiencing homelessness. Fowler and colleagues (2013) recommended that programs shift from a *program-centric* to a *family-centric* approach to enrollment—that is, taking paperwork, resources, and services to the places where families live and spend their time. They also acknowledged that making such a shift requires increased personnel costs, as staff must spend more time traveling to families during the outreach and enrollment periods. Finally, Shaw et al. (2020), drawing on interviews with key informants from HSCOs and child care subsidy, housing, and education settings,

recommended that providers make full use of Head Start performance standard flexibilities (around paperwork and health records) when enrolling families experiencing homelessness.

Perlman and colleagues (2017) noted that communities can reduce systematic barriers to ECE program enrollment by investing in local community systems development, such as community-wide enrollment applications or protocols, central waiting lists, and shared services across ECE providers. In addition, Shaw et al. (2020) recommended collaborative training opportunities and interagency coordination systems at state and local levels that strengthen active, formal relationships and a shared understanding of services integration between family housing and ECE providers. Two states from this study used formal interagency work groups to advance such priorities.

Changes in state or federal policy could help improve enrollment processes. Three studies recommended specific policy changes. Fowler and colleagues (2013) recommended a couple of policy changes, based on their analysis of innovative strategies for reaching traditionally underserved populations in ECE programs. Specifically, they recommended that state agencies develop financial incentives for ECE programs to target, recruit, and enroll traditionally underserved families. They noted some programs currently have little incentive to do so, given that they can fill enrollment slots with “easier-to-reach” eligible families, and are at risk of losing full funding if they are not fully enrolled at the start of each school year. They also suggested that state agencies create policies enabling programs to be more flexible in allocating ECE enrollment slots to traditionally underserved populations. Specifically, they suggested prioritizing ECE placement by the type and quantity of risk factors, increasing funding for additional enrollment slots, and allowing funds to be used for temporary services until enrollment slots are available.¹⁶

Drawing on interviews with ECE providers, Salim Bakare (2016) reported that families experiencing homelessness do often—but not always—reveal their living situation to providers during the enrollment process. In these cases, providers noted that confidentiality laws prevented them from obtaining this information from other providers at enrollment, and delivering timely services and referrals. Given these laws, this researcher highlights providers’ interest in receiving more training on recognizing the signs of homelessness. Finally, Shaw et al. (2020) recommended seeking state and local regulatory solutions for those providers that will offer non-standard hours of care meeting the scheduling needs of families in shelters.

Retention

Increasing providers’ awareness of the experiences and needs of families experiencing homelessness may be important for retaining families experiencing homelessness in ECE programs. Three studies emphasized this point. Following interviews with parents and Early Head Start staff, Schumacher (2013) noted the importance of building positive, trusting relationships over time in Early Head Start settings. The researcher discussed the great value of hiring staff who have lived experience or a professional background in serving vulnerable populations and noted the importance of staff being careful to avoid pathologizing families experiencing homelessness. Salim Bakare (2016) reported that many providers

¹⁶ Some of these recommendations are already incorporated in the HSPPS. For example, as noted above, programs’ selection criteria and weighting must prioritize families in accordance with several family or child risk factors, including whether the child is experiencing homelessness (45 CFR §1302.14[a1]). In addition, programs may reserve up to three percent of their enrollment slots for 30 days for families experiencing homelessness (and children in foster care), if their community assessment determines there are such families in their communities (45 CFR §1302.15[c]).

built positive, trusting relationships from the start with parents experiencing homelessness—for example, by informing them of their rights during enrollment and providing information about opportunities for parent involvement. Perlman and colleagues (2017) suggested that preschool programs use different technology platforms to communicate with families experiencing homelessness. For example, they noted that communicating via social media, email, or texting may be more effective than making phone calls or sending mail.

Given the significant diversity present among families experiencing homelessness, building the cultural responsiveness of staff may also be important for families' retention. Wright and colleagues (2020) reported that many families experiencing homelessness are understandably worried that their families would be “doubly targeted” as having special needs, given their ethnic identities and housing status. The authors noted that this finding underscored the need for initiatives to reduce bias and expand strengths-based approaches. Wright and colleagues (2020) also emphasized the importance of using trauma-informed practices, given the co-occurring adversities that many families who are experiencing homelessness face. Domestic violence, substance use, and mental health issues were specifically cited as common pathways to homelessness.

Logistical adaptations might improve retention of families experiencing homelessness. To overcome transportation barriers, Fowler and colleagues (2013) suggested that agencies investigate options to provide services where families live or offer more transportation options (for example, vans or school buses, mileage reimbursement, city bus passes). They noted that in rural areas and regions with severe weather, transportation predicaments were often especially dire. They also recommended that programs evaluate whether their transportation services were fully meeting the needs of both half- and full-day students.

Recommendations from practice-based resources

One practice-based resource from Curran-Groome and Atkinson (2017) highlighted co-location of community ECE programs in shelters as an innovative strategy for increasing retention of families experiencing homelessness. Specifically, a shelter in New York City found that co-location can help to increase ECE access and continuity of care. However, co-location in shelters also creates challenges, including stigma, low parent engagement, and high turnover.

VII. Families involved in foster care or the child welfare system

In this chapter, we describe what we learned from the literature review about RSER strategies for families in the foster care and child welfare systems. First, we describe what we learned about the factors that might influence the RSER strategies appropriate for families and thus may have implications for the RSER strategies that programs use and their potential effectiveness—including family, program, and community factors. Second, we discuss promising RSER strategies identified in the research studies or practice-based literature, based on suggestive research. We organize both discussions around each of the four strategies: recruitment, selection, enrollment, and retention. When findings are specific to Head Start programs or parents, we note this fact in our discussion. Importantly, in Head Start settings, foster care and child welfare system involvement is often embedded in the broader context of poverty, a situation explored earlier in this literature review.

All studies we reviewed for this population focus on programmatic strategies or perspectives on RSER (Table VII.1). All but one include Head Start settings. Among the seven studies that examine those settings, two focus on Head Start’s preschool program, two examine Head Start’s infant and toddler program (Early Head Start), and three examine both programs.

Studies on this population focus primarily on retention. Fewer studies focus on recruitment and selection, and none discuss enrollment. To fill gaps in the academic literature, we also draw on two practice-based resources that describe recruitment, enrollment, and retention strategies for families involved in the child welfare system.

Table VII.1. Number of research studies focused on families involved in foster care or child welfare systems, by perspective and setting

Category ^a	Total	Perspective		Setting		
		Program ^b	Parent ^c	Head Start ^d	Early childhood ^e	Other
Recruitment	4	4	–	3	1	–
Selection	3	2	–	2	1	–
Enrollment	–	–	–	–	–	–
Retention	6	6	–	5	1	–
Total number of research studies	8	8	–	7	1	–

^a Categories are not mutually exclusive; a study may discuss more than one category.

^b Studies with program perspectives include studies that also examine parental factors.

^c Studies with parent perspectives exclude studies that examine program factors.

^d Studies of Head Start settings include studies that examine other early childhood settings in addition to Head Start or Early Head Start.

^e Studies of early childhood settings exclude studies that examine Head Start or Early Head Start settings.

Key findings

- All of the available ECE research on families involved in foster care or child welfare systems is descriptive. None of the studies uses an experimental design to test specific engagement strategies.
- Building strong collaborations with the foster care and child welfare systems may be essential to supporting this population of families ($n=5$).
- High mobility appears to be a major barrier to Head Start participation for this population of children and families ($n=1$).
- Head Start screening and data collection processes could be tailored to better capture the experiences, needs, and attendance of children and families involved in the foster care and child welfare systems ($n=1$).
- Head Start staff may benefit from professional development focused on foster care and child welfare systems, issues around mandated reporting, and how best to support families involved in these systems ($n=1$).
- Engagement and retention of this population are likely supported by tailoring program services to families' unique needs; creating a welcoming environment; and building high quality relationships between families, program staff, and the staff in the foster care and child welfare systems ($n=2$).

Note: Findings are drawn from research studies; n = indicates the number of research studies from which the finding is drawn.

Which factors shape or influence the RSER strategies Head Start programs use with families involved in foster care or the child welfare system? What factors shape the effectiveness of these strategies?

In this section, we describe what we learned about the factors that might influence the RSER strategies appropriate for families, and thus, may have implications for RSER strategies that programs use and the potential effectiveness of those strategies. Most studies focused on programmatic factors, such as partnerships and provider competencies that have implications for the design of effective recruitment, enrollment, and retention strategies. None of the studies focus on factors influencing recruitment or enrollment. One study focuses on factors influencing selection and four focus on factors influencing retention.

Recruitment

None of the reviewed studies focus on factors shaping recruitment.

Selection

Head Start program performance standards require programs to prioritize families involved in foster care; one study suggested that many programs have relationships with child welfare agencies in place to

support these priorities. McCrae and colleagues (2016) surveyed 28 Head Start/Early Head Start directors. Almost all reported that they prioritized enrollment of children in foster care, and more than 80 percent indicated that they prioritized enrollment of other children involved in the child welfare system. Many programs reported having mechanisms to support coordination with child welfare agencies. For example, around half of directors reported having either a standardized referral process, some type of interagency agreement, or a dedicated staff member to facilitate coordination across the two programs. Having a procedure for sharing screening or assessment results or a jointly developed program with child welfare were less common (30 percent and 27 percent of programs, respectively).

Enrollment

None of the reviewed studies focus on factors shaping enrollment.

Retention

Families involved in the foster care or child welfare systems face many stressors, which may impact their ability to effectively engage in Head Start programming. In a formative evaluation of Early Childhood Connections, an initiative to coordinate a home visiting program (Parents as Teachers) with child welfare, Stahlschmidt and colleagues (2018) noted that frequent, quick changes in children's foster care placements often made it difficult to effectively maintain children in home visiting services. They also found that high rates of mobility, primarily driven by housing needs, constituted another key barrier to retaining in the home visiting program those families involved in the child welfare system.

Strong partnerships with child welfare agencies may help ECE programs overcome some of these barriers. Brodowski and Rudisill (2016) conducted a literature review of federal efforts to promote such collaborations, such as the Early Childhood-Child Welfare Partnership grants that funded the Early Head Start/Child Welfare System Initiative. They noted common challenges across the Early Childhood-Child Welfare Partnerships—it was difficult for staff to maintain positive, long-term connections with families involved in the child welfare system; consistent follow-through for services was not feasible for some families; and the amount of program resources required to meet those families' needs was difficult to sustain, given changing leadership and program priorities.

Service collaboration is important for ECE programs that seek to better retain families involved in the child welfare system in their services, but several program factors can create barriers to that strategy. Three studies touched on the importance of service collaboration. Dodd (2012) noted that child welfare system staff reported having a lower level of collaboration and communication with Head Start/Early Head Start than other ECE settings. Dodd also reported that respondents expressed a desire for reciprocal partnerships—that is, for ECE providers to be more involved in child welfare planning meetings and for child welfare workers to be more involved in educational planning activities.

McCrae and colleagues (2016) found Head Start/Early Head Start staff encountered several barriers to collaborating with child welfare agencies. Reported themes revolved around Head Start/Early Head Start staff feeling conflicted about their mandated reporting roles, interagency communication and coordination difficulties, a lack of collaborative case planning, and challenges in building relationships with biological families while children were in foster care. McCrae and colleagues (2016) noted that some collaboration mechanisms for connecting families involved in the child welfare system to Head Start/Early Head Start were particularly rare. Very few program directors reported having policies or procedures in place for joint family service planning, co-located staff, or data sharing agreements. Biological parents often were

not included in service plans for children in out-of-home care. However, some programs reported regularly coordinating service plans with child welfare staff when the child was reunited with the family.

Finally, Stahlschmidt and colleagues (2018) reported that ECE staff felt challenged by the demands of coordinating families' goals and services across the many child welfare staff who can be involved with a single family. In addition, the privatization of child welfare services and staff turnover within the child welfare system were major barriers to interagency communication and collaboration, both at the broad systems level and when planning for individual families.

Which approaches are the most promising for recruiting, selecting, enrolling, and retaining families involved in foster care or the child welfare system and facing barriers in using Head Start programs?

In this section, we describe what we learned about promising RSER strategies for families involved in foster care or the child welfare system. These studies focus on recruitment, selection, and retention. Most of them offered descriptive information about the strategies programs can use to recruit and retain families in the child welfare or foster care systems more effectively. None of the studies used an experimental design to test a specific strategy; two are research-to-practice briefs (Jor'dan et al. 2012; Klein 2016). In addition, we draw on two practice-based resources that outline recruitment, enrollment, and retention strategies. Therefore, these recommendations should be interpreted as largely suggestive, rather than having strong evidence to suggest which practice are most effective.

Practice-based resources included in the review

In two briefs (USDHHS, NCPFCE [2020a] and USDHHS, NCPFCE [2020b]), the NCPFCE highlights strategies that Head Start and Early Head Start programs can use to partner with child welfare agencies and engage families when there is child welfare involvement.

Recruitment

ECE programs can consider tailoring their marketing and outreach messages to families in the child welfare or foster care systems. Klein and colleagues (2018) conducted focus groups with three sets of stakeholders (child welfare caseworkers, ECE providers, and parents and caregivers—including Head Start providers and families). They identified several key benefits of participation in ECE programs for children involved in the child welfare system. These benefits included opportunities for (1) socialization and social skills development, (2) early intervention for developmentally delayed children, (3) building a foundation for school readiness and future educational attainment, (4) developmental stimulation, and (5) structure and stability. They suggested that programs should highlight these benefits and other families' positive experiences in ECE to increase parents' and caregivers' motivation or comfort in seeking ECE services themselves. They also suggested the importance of educating parents and caregivers about opportunities to use ECE as a gateway to other community and social services.

ECE programs might be able to recruit more families in the child welfare or foster care system with more intensive outreach efforts. Stahlschmidt et al. (2018) conducted a formative evaluation of Early Childhood Connections, an initiative to coordinate the home visiting program Parents as Teachers with child welfare. They reported that in response to the needs of families in the child welfare system, ECE staff needed to restructure their usual outreach practices and make more contact with families than was the norm. This recalibration was made possible by funding that enabled program staff to maintain more flexible caseloads so they could free up more time for connecting with high-needs families.

Cross-system communication, collaboration, and training may be essential to recruiting families engaged in the child welfare and foster care systems. Three studies highlighted this point. In a research-to-practice brief, Klein (2016) highlighted the need for sharing information about the importance of ECE and how to access it via foster family agencies, social workers, and parents and parent organizations. Relatedly, Klein and colleagues (2018) noted that child welfare caseworkers may not prioritize seeking out ECE services for each child they supervise, given the limited resources of these staff and organizational and systemic barriers. They suggested that child welfare caseworkers be educated on how connecting with ECE providers could save them time and resources by providing important information on children’s well-being.

Klein (2016) also suggested creating a cross-sector collaborative of ECE and child welfare agency leaders with the goal of increasing child welfare-involved families’ access to ECE. They suggested these collaborative groups might share responsibility for monitoring referral and enrollment data, problem solving about service access barriers, and engaging in advocacy around these goals. Klein (2016) and Dodd (2012) also noted that training for child welfare staff could help increase referrals to ECE. Drawing on provider surveys and interviews, Dodd (2012) noted that cross-system training is needed and training for child welfare staff in particular would empower child welfare caseworkers to better understand the complex landscape of early childhood programming, thereby helping families choose the best options for their children. Klein (2016) noted a specific need for providing child welfare staff with training on the benefits of ECE for children involved in the child welfare system, identifying appropriate programs, and navigating the referral and enrollment processes.

Recommendations from practice-based resources

One practice-based resource from NCPFCE (USDHHS, NCPFCE 2020b) offered the following suggestions for recruiting those families engaged with child welfare or the foster care system that reflect many of the findings in the research studies.

- During recruitment, emphasize the benefits of high quality ECE, the fact that Head Start and Early Head Start services are free of charge, the eligibility of children in foster care, and the range of health and family engagement services available to all families.
- Create formal memoranda of understanding with local child welfare agencies to ensure optimal collaboration and referral processes across systems, as well as establish clear policies on how Head Start and Early Head Start staff are expected to interact with the child welfare system, and what is considered adequate supervision and consultation for families engaged with the child welfare system.
- Designate one person in the Head Start or Early Head Start program and one person in the child welfare agency to coordinate referrals, family services, and communication with families.
- Hold interagency trainings on issues of interest to both Head Start/Early Head Start and child welfare staff.
- Continually examine enrollment data to understand how many children are being served by the child welfare system, and tailor recruiting efforts as needed.

Selection

In a research-to-practice brief, Klein (2016) noted that changes are also needed at the broader policy level to support selection of children involved in the foster and child welfare systems into ECE programming.

Specifically, Klein (2016) noted a need for identifying resources to fund ECE for birth families and foster families alike. Klein also recommended changes in child care subsidies and Head Start and Early Head Start regulations to make policies more accommodating for children involved in the child welfare system (for example, prioritizing child welfare-supervised children for enrollment and eliminating geographic eligibility rules that disrupt continuity of care for children in foster care).

Enrollment

None of the reviewed studies focused on promising enrollment strategies.

Retention

ECE programs can consider using several strategies directly with families to encourage their retention in services. These strategies include tailoring services for families with the highest needs, retaining families even if they move out of the service area, and fostering positive relationships among parents and between parents and staff. Three studies identified such strategies.

One study (Schreier et al. 2018) noted that Early Head Start programs should make efforts to identify and uniquely support families at higher risk for maltreatment (judging from relevant risk factors), to prevent maltreatment and involvement in the child welfare system. Drawing on interviews with Early Head Start home visitors, they suggested that Early Head Start screening and training processes could be tailored to facilitate better identification of and targeted intervention for families at higher risk for child maltreatment, once families are enrolled. Specifically, Schreier et al. (2018) recommended the following:

- Establishing stronger screening processes and training around the risk factors for child maltreatment (for example, caregiver history of maltreatment, neighborhood poverty)
- Early Head Start modifying its data and record-keeping systems to facilitate easier retrieval and sharing of information about family strengths and challenges
- Providing targeting interventions to families identified as at high risk for maltreatment—for example, home visitors specifically targeting identified risk factors with brief interventions or referring families to additional community or mental health services

Drawing on a formative evaluation of Early Childhood Connections, an initiative to coordinate a home visiting program (Parents as Teachers) with child welfare, Stahlschmidt and colleagues (2018) reported that the home visiting program made it a policy not to terminate families' participation unless a family permanently moved outside of the service region or specifically asked that services be terminated.

Finally, one practice brief (Jor'dan et al. 2012) on Strengthening Families Illinois, a child maltreatment prevention initiative in ECE settings (including Head Start), summarized several strategies that ECE programs could use to enhance protective factors for families:

- Focusing on building protective factors directly with parents via parent-to-parent learning through "Parent Cafés" featuring small and large group discussions and activities. Discussion sessions were tailored to meet the needs of different groups (for example, foster parents) and promoted through invitations, newsletters, parent boards, and social media. The initiative identified six key protective factors: (1) supporting parental resilience, (2) building social connections between families, (3) increasing knowledge of parenting and child development, (4) providing concrete support in times of need, (5) offering programming that supports children's social-emotional development, and (6) supporting strong parent-child relationships.

- Intentionally creating a welcoming community and culture in the program. Strengthening Families staff made efforts to build positive relationships with families before expecting them to attend events or volunteer.
- Deliberately including family members in the program's ongoing self-assessment processes to ensure that the needs of the community were being met.

In a broad literature review on child welfare-ECE collaboration and partnership, Brodowski and Rudisill (2016) concluded that strong cross-sector collaboration is essential for retaining children and families involved in the child welfare and foster care systems. The researchers emphasized the need for building deep partnerships and shared responsibility across multiple ECE-facing systems (including leadership, policy, research, and practice). They also noted that building and sustaining meaningful, authentic partnerships across systems requires a substantial investment of time and resources.

Professional development on topics related to child welfare and foster care may help to ensure that programs are effectively meeting these families' needs. Two studies highlighted professional development as a retention strategy. Drawing on interviews with Early Head Start home visitors, Schreier and colleagues (2018) noted a need for more training for Early Head Start staff around different types of child maltreatment, warning signs and risk factors, and strategies for talking to families about these topics. Similarly, Jor'dan and colleagues (2012) suggested that training topics for ECE providers include the following:

- Enhancing protective factors
- Collaborating with child welfare staff and programs
- Communicating with families
- Building strong relationships with families
- Recognizing and responding to signs of family stress
- Supporting social-emotional learning
- Helping children heal from trauma

Recommendations from practice-based resources

Two practice-based resources offered several recommendations for supporting family retention that echo many of the findings in the research studies.

- NCPFCE (USDHHS, NCPFCE 2020b) suggested that Head Start and Early Head Start staff be given basic training in child welfare services and policies, strategies for supporting families and connecting them to interventions, and mandated reporting policies.
- Another report by NCPFCE (USDHHS, NCPFCE 2020a) provided several other suggestions regarding retaining families involved in the child welfare system. Among them are taking strengths-based¹⁷ and trauma-informed¹⁸ approaches to working with these families. Specifically, Head Start and Early Head Start staff should understand how to talk with intention and sensitivity to newly enrolled families about their involvement in the child welfare system. The report suggested the goals of this conversation include building a positive connection, conveying respect and a desire to collaborate, and gathering information about any specific needs that the family may have. In addition, staff should offer specific supports to families whose children are placed in out-of-home care, including the following:
 - Letting parents know that staff are available as a resource
 - Collaborating with child welfare workers to keep parents informed about steps toward reunification
 - Carefully tailoring family engagement activities to meet the family’s evolving needs

¹⁷ The Office of Head Start’s NCPFCE (2020a) defines a strengths-based approach as one that recognizes the strengths of the family, respects and learns from differences, is responsive to families’ interests, and engages families as full partners and decision makers.

¹⁸ The Office of Head Start’s NCPFCE (2020a) discusses trauma-informed care as including an understanding of the trauma experienced by families and the ways in which it manifests in behaviors in all aspects of programs’ work and interactions with families. It includes promoting physical and psychological safety; building trust and openness; encouraging peer-to-peer support; and acknowledging families’ strengths, identities (racial, ethnic, and cultural), and needs.

VIII. Families affected by substance use

In this chapter, we describe what we learned from the literature review about RSER strategies for families affected by substance use. We begin with the factors that might influence the RSER strategies appropriate for families, and thus, may have implications for the RSER strategies that programs use and their potential effectiveness; among them are family, program, community, or other factors, including policy factors. Second, we describe promising RSER strategies identified in the research studies or practice-based literature, based on suggestive evidence. We organize both discussions around each of the four strategies: recruitment, selection, enrollment, and retention.

We found scant academic literature focused on RSER strategies for families experiencing substance use. Specifically, we identified only two research studies. Both studies involve Early Head Start and describe the strategies that home visiting programs can use to recruit or retain families experiencing substance use. One study focuses on such strategies in Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs generally, among which is Early Head Start’s home-based program model. The other highlights one case study from a statewide collaboration between Early Head Start and residential treatment centers in Connecticut.

To fill gaps in the academic literature, we also draw on one practice-based resource that describes strategies to help children affected by opioids (not specific to Head Start).

Table VIII.1. Number of research studies focused on families affected by substance use, by perspective and setting

Category ^a	Total	Perspective		Setting		
		Program ^b	Parent ^c	Head Start ^d	Early childhood ^e	Other
Recruitment	1	1	–	1	–	–
Selection	–	–	–	–	–	–
Enrollment	1	1	–	1	–	–
Retention	1	1	–	1	–	–
Total number of research studies	2	2	–	2	–	–

^a Categories are not mutually exclusive; a study may discuss more than one category.

^b Studies with program perspectives include studies that also examine parental factors.

^c Studies with parent perspectives exclude studies that examine program factors.

^d Studies of Head Start settings includes studies that examine other early childhood settings in addition to Head Start or Early Head Start.

^e Studies of early childhood settings exclude studies that examine Head Start or Early Head Start settings.

Key findings

- All of the scant available ECE research on families affected by substance use is descriptive. None of the studies uses an experimental design to test specific strategies.
- Early Head Start programs may struggle to identify families experiencing substance use because substance use screening tools for families vary widely in their accessibility and quality (*n=1*).
- Government policies, community context, and stigma around substance use issues may shape how well Early Head Start programs retain families experiencing substance use (*n=1*).
- Developing referral partnerships with women's residential treatment programs may help programs recruit and enroll families with substance use issues (*n=1*).
- Retaining families experiencing substance use issues may require specialized services and supports, including substance use case management, coordination with treatment providers, and coordination with other providers, to prevent co-occurring adversities, such as homelessness (*n=2*).

Note: Findings are drawn from research studies; n = indicates the number of research studies from which the finding is drawn

Which factors shape or influence the RSER strategies Head Start programs use with families affected by substance use? What factors shape the effectiveness of these strategies?

In this section, we describe what we learned about the factors that might influence the RSER strategies appropriate for families, and thus, may shape or influence the RSER strategies that programs use and the potential effectiveness of those strategies. Only one study discusses such factors. It focuses on retention in MIECHV programs—that is, how programs engage and support those families already enrolled in their programs who are experiencing substance use issues. However, some of these factors most likely shape recruitment strategies as well. The study touches on a range of factors, including family, program, community, and policy factors.

Recruitment

We did not identify any studies that focus on factors that shape recruitment strategies for families experiencing substance use.

Selection

We did not identify any studies that focus on factors that shape how programs select families experiencing substance use for enrollment.

Practice-based resources included in the review

Brundage and colleagues (2019) examine the scope of the opioid epidemic in the United States and highlight strategies that policymakers and providers can use to reduce its impact on children. These strategies are based on literature reviews, interviews, and expert feedback.

Enrollment

We did not identify any studies that focus on factors that shape enrollment strategies for families experiencing substance use.

Retention

Head Start programs can potentially encourage retention by helping families address substance use. However, one study (Hossain et al. 2020) found that programs, specifically home visiting programs including Early Head Start, may be challenged to identify families with substance use or risk among the families they serve because of significant variation in the accessibility and quality of screening tools. These researchers identified a set of conceptual touchpoints for engaging and supporting families around substance use issues, based on a literature review, scan of home visiting program practices, and consultations with key stakeholders including researchers and home visiting model developers and staff. Their framework identified screening for families experiencing (or at risk for) substance use as the first step to more effectively engaging and supporting them. The framework recommends that programs screen families regularly using standardized tools in addition to relying on staff observations. However, the researchers found that many programs cannot access high quality screening tools and ultimately depend only on informal observations of families to detect potential substance use concerns.

Hossain et al. (2020) identified government policies and community context as key factors that shape how, and how effectively, programs engage and support families with substance use issues. For example, in many states, programs are subject to reporting requirements when they learn that a mother has engaged in substance use during pregnancy. In addition, many states classify such behavior as child abuse or neglect, which has implications for how open families will be about their substance use and how programs can address these issues. In addition, the availability and accessibility of local substance use treatment programs—which home visiting programs rely on to help support families experiencing substance use problems—vary by community and depend on local, state, and federal policy and funding. It can be particularly challenging to find programs equipped to serve families with young children (for example, by providing transportation and child care), and provide resources for adversities that often co-occur with substance use (such as domestic violence and mental health treatment).

Finally, Hossain et al. (2020) highlight that stigma around substance use and mental health issues can prevent families from working with programs to pursue treatment. A practice-based resource focusing on strategies to support children affected by opioids expands on this finding (Brundage et al. 2019). Specifically, the authors note that significant societal stigma and misunderstandings around substance use persist, particularly among parents and caregivers—a problem that likely needs to be addressed directly and reduced to fully engage families in services.

Which approaches are the most promising for recruiting, selecting, enrolling, and retaining families affected by substance use and facing barriers in using Head Start programs?

In this section, we describe what we learned about promising RSER strategies for families experiencing substance use. Two studies provide descriptive information about such strategies, mostly focused on how to recruit and retain families experiencing substance use more effectively. One provides some information on enrollment. In addition, we draw on one practice-based resource. Therefore, these recommendations

should be interpreted as largely suggestive, rather than having strong evidence to suggest which practice are most promising.

Recruitment

Developing referral partnerships with residential treatment programs may help programs reach families with substance use issues. One study described a community partnership between the Connecticut HSCO and the Connecticut Department of Mental Health and Substance Abuse Services (DMHAS) to develop collaborations between local Early Head Start providers and each of the state's residential treatment programs for women (Cuevas and Whitney 2019). The partnership aimed to (1) increase Early Head Start enrollment among families experiencing substance use, (2) create a more family-centered environment at residential treatment programs, and (3) align Early Head Start and treatment services to improve outcomes for families (including preventing homelessness).

In one example of such a partnership, the residential treatment program made Early Head Start referrals a standard part of its program participation policy. As a result, the local Early Head Start program increased enrollment of families experiencing substance use and other co-occurring adversities (for example, parents having experiences of homelessness, sexual abuse, intimate partner violence, or mental illness). Notably, given the significant co-occurrence of substance use and homelessness, families experiencing the latter accounted for almost one-third of the families served by the local Early Head Start program only two years after the partnership started.

Selection

We did not identify any studies that focus on promising selection strategies for families experiencing substance use.

Enrollment

One study suggested that developing referral partnerships that expand knowledge of eligibility requirements can reduce enrollment delays. As noted above, Cuevas and Whitney (2019) described a community partnership between Early Head Start and residential treatment programs in Connecticut. One of the local collaborations developed a mutual referral process that emphasized learning about one another's eligibility requirements. Staff reported that this approach helped them prevent enrollment delays.

Retention

In a study of the conceptual touchpoints for addressing substance use through home visiting, Hossain et al. (2020) noted that programs can support retention among families experiencing substance use issues or disorders by providing them with specialized services. Specifically, the researchers recommended that programs adopt a treatment and recovery model that provides substance use-focused case management and coordination with treatment providers. They also recommended that programs offer different support services to families at risk of substance use versus those in active treatment or recovery. Specifically, programs can emphasize screening and referrals to community organizations for families on the prevention track and referrals to clinical programs for those on the treatment and recovery track. The researchers recommended that programs also provide universal education to families on topics related to substance use.

Cuevas and Whitney (2019) highlighted that families experiencing substance use tend to experience other adversities that further challenge retention and require increased coordination and integration of health and social services. As noted above, these researchers described Early Head Start’s partnership with DMHAS in Connecticut, which recognized that families experiencing substance use also are prone to homelessness. In one local collaboration, the Early Head Start program increased coordination with its local housing authorities to improve outcomes for families. Specifically, to ensure that families did not experience homelessness when they transitioned out of residential treatment programs, the Early Head Start program became more knowledgeable about housing support programs, ensured that families applied for these supports while they were in the residential program, and maintained contact with housing programs to monitor families’ place on the housing program wait-list.

Recommendations from practice-based resources

One practice-based resource focusing on strategies to support children affected by opioids highlighted that other adversities often co-occur with substance use—for example, abuse and neglect, separation from parents, and exposure to violence (Brundage et al. 2019). The resource emphasized the importance of offering integrated health and social services to families, promoting a “no-wrong-door approach” for families seeking help, and taking a trauma-informed approach to working with parents and caregivers and young children affected by substance use.¹⁹

¹⁹ The Office of Head Start’s NCPFCE (2020a) discusses trauma-informed care as including an understanding of the trauma experienced by families and the ways in which it manifests in behaviors in all aspects of programs’ work and interactions with families.

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IX. Summary and implications

In this final chapter, we present the implications of our findings for programs' RSER strategies, future research, and the project's conceptual framework. We begin by highlighting some of the challenges and gaps related to the literature review.

Challenges and gaps

The academic literature has many gaps in its coverage of the RSER experiences of families affected by specific adversities in ECE settings, and the factors that shape programs' selection and enactment of RSER strategies with these families, including the following:

- Our review sometimes relied on academic studies that draw only on parent perspectives regarding factors that shape their ECE access, selection, and engagement. As a result, in some instances, we must extrapolate the implications for programs' RSER strategies.
- Some academic studies focus on RSER for specific interventions in Head Start or other ECE settings, rather than Head Start or preschool programs generally. Again, this focus requires extrapolating the implications for the broader Head Start program.
- The representation of each of the key populations in the academic literature focused on RSER strategies and Head Start is uneven. Although many of the studies we reviewed focus on families experiencing poverty, experiencing homelessness, or involved in the child welfare or foster care system, very few focus on RSER strategies for those affected by substance use. In addition, these last studies focus on ECE home visiting programs specifically.
- Similarly, our knowledge about each of the RSER components varies. Many academic studies discuss factors and strategies that relate to recruitment and retention, but far fewer focus on selection or enrollment. In addition, many of the studies that offer insight into recruitment and retention are based on parent perspectives or background characteristics.
- Although several studies identified racial/ethnic differences or suggested that race/ethnicity was correlated with RSER factors, they did not examine or unpack underlying or systemic factors that could explain or shape these differences. A handful of studies, particularly those focused on families who are immigrants, did recognize the influence of cultural and linguistic discrimination on families' ECE decisions and engagement.
- Finally, we do not yet know the implications of the available research for RSER in the context of the COVID-19 pandemic. The inequities and adversities experienced by many families served by Head Start are likely to have been exacerbated by the broader health and economic issues posed by the pandemic, and programs have faced unprecedented challenges in serving families and supporting staff.

Nonetheless, it is also important to note that the present literature review, which was relatively limited in scope and focused specifically on RSER strategies, may not have identified all existing studies on the larger contexts of homelessness, substance use, or involvement in foster care and child welfare settings, and on how families who experience these adversities function in Head Start settings. Given the gaps in the academic literature about RSER strategies specific to these populations, it may be useful to review studies that examine the day-to-day experiences of families who experience these adversities or that focus on interventions with these families. Literature focused on the characteristics and experiences of families with young children from low-income backgrounds may also be helpful. Although such studies will not

reveal which strategies are used and effective, the additional perspective they offer could suggest possible ways for programs to shape RSER strategies to be responsive to these populations. Practice descriptions of model programs could also be useful for highlighting how programs have implemented and adapted RSER strategies.

Implications

The findings of this literature synthesis have implications for RSER strategies, the project's case studies and future research, and the project's conceptual framework. We discuss the implications for each in turn.

RSER strategies

Together, the findings point to implications for this review's research questions (presented in Chapter I). We discuss these implications jointly rather than separately by research question, given the nature of the available literature. Because much of the literature is descriptive and has limited empirical evidence, the factors shaping RSER strategies (the second research question) often influence what could be considered a promising strategy (the third research question). As a reminder, the evidence for such strategies is largely suggestive. We also generally discuss the implications across RSER strategies and populations because many of the same lessons apply.

For families experiencing poverty, social networks may be an important resource for recruitment (for example, Ansari et al. 2018; Moran 2021). One effective strategy may be to deploy parents who are known and trusted by current or prior Head Start families as local ambassadors to recruit families and vouch for the program (Barnes-Proby et al. 2017). Programs could equip such ambassadors with resources and talking points that speak to families' priorities when selecting ECE settings.

Social networks (Taylor et al. 2015), word of mouth (Salim Bakare 2016), and direct relationships with families (Fowler et al. 2013) may also be important resources to tap for recruiting families experiencing homelessness. Conducting meetings and outreach in the places where families spend their time (for example, homeless shelters, substance use treatment facilities, laundromats), may also support recruitment (Salim Bakare 2016).

Other trusted organizations in the community (such as churches, mosques, or community groups) or places where services are provided (such as social service agencies, or medical offices) could also serve as resources for referring families experiencing poverty (Barnes-Proby et al. 2017). For families facing specific adversities, such as homelessness, relationships with partner agencies are particularly important for outreach (for example, USDHHS 2019). These relationships should be collaborative and include formal information-sharing processes, such as memoranda of agreement or other detailed collaboration plans (for example, Cuevas and Whitney 2019; Fowler et al. 2013). Regardless of family adversity, to develop diverse and deep roots in the community, programs likely need to ensure that staff are skilled in communication and collaboration, and demonstrate cultural responsiveness (for example, Champine et al. 2018; Garrett-Akinsanya 2014).

Because stigma is associated with specific adversities (see, for example, Hossain et al. 2020; Wright et al. 2020)—particularly homelessness, substance use, and mental health issues—programs require sensitive, trained staff (Salim Bakare 2016; Schumacher 2013) and tailored RSER approaches to improve access and participation. For example, enrollment processes might require flexibility and adaptation for families experiencing homelessness (Salim Bakare 2016; Wright et al. 2020). Training child welfare, housing, and substance abuse treatment program staff on the benefits of ECE for children experiencing these

adversities and/or how to access ECE services may also help to increase recruitment (for example, Klein et al. 2018; Dodd 2012; Taylor et al. 2015; Cuevas and Whitney 2019).

Programs may also need to address unique barriers to identifying families affected by substance use—specifically, the lack of appropriate screening tools and limited treatment programs in the community (Hossain et al. 2020). Appropriate screening and data tools may also be important for identifying and serving families involved in the foster care and child welfare systems (Schreier et al. 2018).

Across specific adversities, programs may need to address a range of barriers affecting attendance and retention, including building relationships with parents, improving the accessibility of programs, and tailoring solutions to families' specific needs and backgrounds (see, for example, Anderson et al. 2015; Zahry and Ling 2020; Perlman et al. 2017). Considering the earlier findings related to racial/ethnic and linguistic background (for example, Ansari et al. 2018; Barolet-Fogarty 2016), addressing broader systemic issues and inequities (such as linguistic and racial discrimination by staff) also is likely important. Although mobility is common for many families with low incomes, for those experiencing homelessness and those involved in the foster care or child welfare systems, issues of mobility may be especially salient barriers to program participation (Perlman et al. 2017; Stahlschmidt et al. 2018). Due to families' high levels of mobility, programs may need to use flexible and creative strategies to communicate with them (for example, texting, social media) (Perlman et al. 2017).

Across specific adversities, the findings emphasize the need for responsive services and approaches. They include, for example, addressing language barriers, referral and enrollment processes, program accessibility, and parental schedules (for example, Barnes-Proby et al. 2017; Koivunen et al. 2017; Archambault et al. 2020; Wright et al. 2020). Some of these issues may be more salient for families broadly, whereas others may be relevant for those experiencing specific adversities. For example, for the latter, responsiveness likely requires relationships with appropriate community organizations to recruit and serve families (for example, homeless shelters, child welfare agencies, residential treatment centers), and case management and coordination of services to retain families and meet needs (for example, Hossain et al. 2020; Perlman et al. 2017; Schumacher 2013; Fowler et al. 2013). For families involved in the foster care or child welfare systems, service coordination may be particularly important despite the communication barriers that may exist (Dodd 2012; Klein 2016; McCrae et al. 2016; Stahlschmidt et al. 2018). In addition, children involved in the child welfare system who are not in the foster care system may benefit from accommodations such as prioritization during selection and elimination of geographic eligibility rules (Klein 2016).

Responsive programming likely also requires staff with skills and training to sensitively recruit and work with families. Collectively, studies and resources highlighted the importance of trauma-informed care, strengths-based practices, and relationship-based competencies in providing care. Although the reviewed studies and resources did not always use these terms explicitly (for example, trauma-informed care), the findings and recommendations often emphasized the value of building relationships with parents (Barnes-Proby et al. 2017; Jor'dan et al. 2012; USDHHS, NCPFCE 2020a, 2020b), demonstrating cultural understanding and responsiveness (Champine et al. 2018; Wright et al. 2020), and knowledge and skills related to families' specific experiences and needs (Jor'dan et al. 2012; Schreier et al. 2018). For families involved in the foster care or child welfare systems, staff training related to available resources, the child welfare system itself, or collaborative relationships may be particularly important (Dodd 2018; Klein 2016; Klein et al. 2018; USDHHS, NCPFCE 2020a, 2020b). When families experience adversities that co-occur with other challenges, such staff skills may be even more important.

Finally, it is important to remember that many adversities co-occur, and in Head Start settings, family adversities almost always co-occur with poverty, underlining the importance of identifying RSER strategies that cut across various adversities, as well as strategies that can be tailored to the needs of specific populations. Notably, the benefits of coordinating across organizations—building cross-sector collaborations, data-sharing, training, and referral systems—was noted as potentially beneficial for RSER across all adversities (for examples, Grant et al. 2019; Dorsey 2015; Fowler et al. 2013; Cuevas and Whitney 2019; Perlman et al. 2017; Klein 2016).

Case studies and future research

Given the array of parent and family factors that shape RSER strategies, it is important to understand parent perspectives. Future research, including the planned case studies, should do so by gathering input from Head Start-eligible parents who are both enrolled and not enrolled. For example, parents might better be able to identify barriers that have implications for RSER, including personal barriers specific to families, those linked to program/staff sensitivities, or broader systemic barriers.

Yet the academic literature is somewhat limited when it comes to programmatic perspectives on RSER. In short, there are gaps in our knowledge about what strategies programs enact, why they do so, and their effectiveness. Gathering information from programs and staff about specific RSER strategies and testing their effectiveness would help fill a key gap in the knowledge base.

Given that research on specific RSER strategies is uneven, it would be helpful to focus efforts to fill gaps on those strategies for which less is known—particularly selection and enrollment strategies. Similarly, it would also be helpful to fill gaps where the research is limited on RSER strategies regarding families experiencing specific adversities. One such area includes families affected by substance use, but the point is also relevant for other populations (such as those affected by domestic violence or mental health issues). Including programs that serve these families in future research efforts could be especially important.

Conceptual framework

The conceptual framework will ultimately include and describe key RSER constructs for Head Start, their associations with one another, their potential linkages to child and family outcomes, and key contextual factors.

We aim for the conceptual framework to have a research-based foundation. Ideally, we will include those constructs in the conceptual framework with the most empirical support in the literature or strong theoretical support. However, the reviewed research typically does not include rigorous designs, and some constructs or strategies are based on a limited number of studies. As a result, many of the constructs in the conceptual framework may present theoretical or descriptive evidence only, with few having correlational or more rigorous evidence. Some constructs may be drawn from practice-based resources and thus will not be based on the reviewed literature. We will format the conceptual framework to distinguish constructs with more versus less evidence. For example, we plan to use italic or bold fonts to show factors or strategies drawn from studies with experimental designs. To fill gaps in the literature and ensure the framework represents programs' practical experiences, we will also draw on the expertise of academic and practice experts to refine the framework.

Given the array of parental and family factors associated with RSER strategies, we expect to include constructs that go beyond programmatic and policy factors. Given that family adversities may interact with family background characteristics, and disparities and inequities may shape the experience of

adversity, we will incorporate an equity lens when developing the conceptual framework. We will, for example, highlight activities and outputs that recognize not only the need for sensitive and culturally responsive program strategies but also that the diverse needs and adversities of families shape RSER activities.

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Appendix A

Methods

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This appendix describes our approach to the literature review. We begin by describing the parameters for the literature search, including sources of information and search terms. Next, we describe the process for screening the studies, and then we characterize the types of studies and resources included in the review. We conclude by describing our process for conducting the review and the types of information we collected from each reviewed study and resource.

I. Parameters for the literature search

We searched for peer-reviewed studies conducted in the past 10 years (including recent reviews and meta-analyses) and checked websites (for example, the Head Start Early Childhood Learning & Knowledge Center) for recent and ongoing research and grey literature conducted during the same time period, such as project reports, briefs, white papers, and dissertations.

Our search for peer-reviewed literature encompassed the databases in Table A.1. To identify grey literature, we used a customized Google search of the Social Science Research Network and select websites (also listed in Table A.1). We targeted the fields and settings in Table A.1, and professional librarians used the listed terms to search the identified databases. The search terms were combined using Boolean connectors and were limited to the title or abstract or keyword fields.²⁰ We drew on recommendations from the study team, ACF staff, and prior reviews and seminal reports on adversities to define the search parameters. To identify emerging literature from recent and ongoing pertinent studies, we also drew on recommendations from the study team, staff at the Administration for Children and Families (ACF), and experts.

Table A.1. Search parameters for the literature review

Parameter type	Parameters
Databases	<p>Academic literature: Cochrane Database of Systematic Reviews, Academic Search Premier, Education Research Complete, ERIC, ProQuest Dissertations and Theses, APA PsycInfo, Sage Journals, Scopus, SocINDEX</p> <p>Grey literature: Customized Google search of Social Science Research Network and a targeted Google search of select websites (noted below)</p>

²⁰ We ran searches on titles, abstracts, and keywords, but not on full texts. We took an iterative approach to the searches and adjusted the search terms as needed, depending on the number of studies returned. Ultimately, we combined the search terms as such: (Set A near C + (B or D) in abstract or title) + Set C mentioned in keywords. Our initial search included both primary and secondary search terms. To ensure our search was comprehensive, we conducted a second search that focused on the primary search terms and dropped the condition that Set C must be mentioned as a keyword.

Parameter type	Parameters
Websites for grey literature searching	<ul style="list-style-type: none"> • Abt Associates • American Institutes for Research • Child Trends • Child Welfare Information Gateway • Department of Health and Human Services/Administration for Children and Families • Head Start Early Childhood Learning and Knowledge Center • Institute of Education Sciences • National Association for the Education of Homeless Children and Youth • National Center for Children in Poverty • National Center for Education Statistics • National Center on Education and the Economy • National Center on Parent, Family, and Community Engagement • National Head Start Association • National Institute for Early Education Research • Research Connections
Fields and settings targeted	<p>Early care and education Head Start Early Head Start Center-based care Family child care/home-based care Child care Infant and toddler care Preschool Home visiting</p>
Search terms related to the setting (Set A)	<p>Head Start Early Head Start Early childhood Early care and education Center-based care Family child care/home-based care Child care Infant and toddler care Preschool</p>

Parameter type	Parameters
Search terms related to populations of interest (Set B)	<p>Primary search terms</p> <p>Low-income/financial stability/poverty/financial stress/financial strain Public assistance/welfare receipt Foster care Housing/homelessness/housing instability Domestic violence/physical abuse/family violence Child welfare Child abuse/neglect/maltreatment Juvenile/family court involved families Substance misuse/alcohol abuse/drug abuse/substance use Families affected by substance use</p> <p>Secondary search terms</p> <p>Immigrant Refugees Spanish speakers/non-English speakers Working families/mothers Single motherhood Single-parent households Fatherhood Vulnerable Mental illness Parental stress Parental incarceration Rural Disadvantaged Adversity Trauma Racism Discrimination Marginalized Race and class bias Equity</p>

Parameter type	Parameters
Primary key words (Set C)	Recruit/recruitment Select/selection Enroll/enrollment Retain/retention Attendance ERSEA (eligibility, recruitment, selection, enrollment, attendance) Engagement Access Connection Involvement Decision making Communication Outreach Marketing Eligibility Collaboration Participation Dropouts Exits Community assessment Overenroll/overenrollment
Organizational entities from which families can be recruited (Set D)	Primary search terms Special Supplemental Nutrition Program for Women, Infants, and Children Homeless shelters Domestic violence shelters Foster care systems Juvenile courts Court Appointed Special Advocate programs Substance misuse treatment programs Secondary search terms Immigrant/refugee centers Maternity Group Homes for Pregnant and Parenting Youth Early intervention programs

Notes: Our librarians conducted their searches in a way that uses these words or variants of the words in this table. For example, “recruit” could yield results for recruit, recruitment, and recruiter. They also accounted for variations in spelling of relevant terms. For example, our librarians searched for preschool, pre-school, prek, pre-k, and other spelling variants.

As necessary, we explored literature from other human service programs and fields focused on serving families who were experiencing adversities to fill knowledge gaps and provide insights into systems-level and contextual factors that influence RSER among the populations of interest.

II. Parameters and process for screening the literature

The search identified 1,371 potentially relevant references. A trained review team screened the references to narrow them to a smaller set for review. Specifically, the team reviewed the titles and abstracts of each reference for relevance. The review team dropped articles that were off topic, published in a language other than English, conducted outside the United States, or did not appear in a substantive publication (press releases, newspaper articles, opinion pieces, and the like). The review team included the following:

- Articles or reports that focus on RSER of families in Head Start, other ECE settings serving families who are experiencing adversity, and other non-ECE settings that serve these families
- Research that describes the efficacy of RSER strategies with families who are experiencing adversities and the factors that shape the implementation and effectiveness of these strategies (not necessarily focused on Head Start or ECE programs)
- Studies that provide information on the familial factors shaping the experience of adversities or RSER strategies (not necessarily focused on Head Start or ECE programs)

III. Frequency table of number of results by topic and population

Our goal was to review up to 50 individual studies, and to prioritize research conducted in Head Start first, followed by other ECE settings and non-ECE settings, respectively. However, we identified only 39 relevant studies, after screening the 1,149 references identified through the database searches and 222 references identified through the grey literature search, and screening other recent literature identified by the study team, staff at the Administration for Children and Families (ACF), and experts.

Even drawing on studies from other human services programs or fields, there is limited academic or grey literature examining RSER strategies specifically aimed at families experiencing the adversities of interest to our study (Table A.2). The studies are predominantly focused on recruitment and retention strategies for families experiencing poverty (or with low incomes) in early childhood settings, including many that involved Head Start or Early Head Start settings. Very little literature focused on enrollment and selection strategies and only a limited number focused on families affected by substance use.

Table A.2. Reviewed research studies, by setting, population, and strategic area

Category	Number of research studies
Setting/field	
Head Start/Early Head Start ^a	27
Early childhood ^b	11
Other fields	1
Priority populations^c	
Poverty ^d	19
Homeless	11
Substance use	2
Child welfare/foster care	8
Secondary populations^c	
Mental health	3
Domestic violence	0

Category	Number of research studies
Immigrant	6
Rural	1
Fatherhood	1
Strategic area^c	
Recruitment	21
Selection	6
Enrollment	6
Retention	23
Total number of research studies reviewed	39

^a Includes studies that examine other early childhood settings in addition to Head Start or Early Head Start.

^b Excludes studies that examine Head Start or Early Head Start settings.

^c Categories are not mutually exclusive.

^d Excludes studies that examine poverty along with other priority populations.

Most of the literature is descriptive (Table A.3), and most descriptive studies used qualitative methods (for example, interviews and focus groups). A small set of studies were research, practice, or policy briefs. Relatively few studies used an experimental design or conducted correlational or regression analyses.

Table A.3. Types of research studies reviewed

Study type	Number of research studies
Descriptive	22
Research/practice/policy brief or guide	7
Rigorous ^a	6
Literature review or theoretical article	4
Total number of research studies reviewed	39

^a Includes experimental designs and regression/correlation analyses.

The study team identified key practice-based resources to help fill gaps in the academic literature. Specifically, the team selected 6 practice-based resources that describe RSER strategies for the study’s priority populations, focusing on the populations underrepresented in the academic literature (Table A.4). In total, we reviewed 45 research studies or practice-based resources.

Table A.4. Reviewed practice-based resource, by population

Priority population	Number of practice-based resources
Poverty ^a	1
Homeless	2
Substance use	1
Child welfare/foster care	2
Total number of practice-based resources reviewed	6

^a This practice-based resource focuses on human service programs broadly.

IV. Process for reviewing the literature and practice-based resources

Trained reviewers used a standardized protocol to document relevant information from each study that was selected for review (Table A.5). The review focused on extracting findings related to RSER strategies, important contextual and familial factors (for example, barriers, facilitators, and family characteristics) that influence RSER and experiences of adversities, and conceptual models. To provide context for these findings, the review also documented limited information about the study and its context (for example, study setting, location, and methods). We used a simplified version of this protocol to extract information from the practiced-based resources.

Table A.5. Key dimensions documented for each study

Category	Dimension
Study information	<ul style="list-style-type: none"> • Study abstract • Study research questions • Literature type (peer-reviewed or grey literature) • Article type (empirical, theoretical/conceptual, literature review, meta-analysis) • Study design (descriptive, case study, implementation, correlational, experimental or quasi-experimental) • Data set used • Analytic methods
Context	<ul style="list-style-type: none"> • Study setting (Head Start/Early Head Start, early childhood, other) • Study location (rural, urban) • Study sample characteristics (including information about adversities of focus and other available information about families' socioeconomic status and other demographic characteristics) • Sample size
Findings	<ul style="list-style-type: none"> • RSER strategies and their effectiveness (description of strategies examined and information about their effectiveness) • RSER factors (description of systems-level or contextual factors influencing RSER strategies) • Families' experiences of adversities (family factors or characteristics that shape or exacerbate families' experiences of adversities; for example, race/ethnicity, marital status, home language)
Implications	<ul style="list-style-type: none"> • Implications for policy and practice • Conceptual model (description of included conceptual models)

V. Additional attachments

1. Bibliography of included research studies

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