



Family Well-being

The National Center on Parent, Family, and Community Engagement (NCPFCE) has created a Research to Practice Series on the Family Engagement Outcomes of the Office of Head Start (OHS) Parent, Family, and Community Engagement (PFCE) Framework. One in the series, this resource addresses the “Family Well-being” Outcome: *“Parents and families are safe, healthy, and have increased financial security.”*

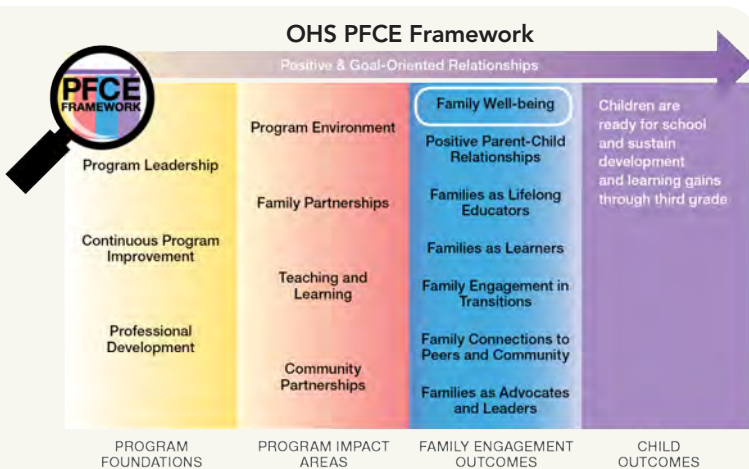
This resource presents a summary of selected research, program strategies, and resources intended to be useful for Head Start (HS), Early Head Start (EHS), and other early childhood programs.

Introduction

Head Start and Early Head Start have a long history of engaging families to enhance family and child outcomes. Programs have always made family and children’s well-being a priority, with a focus on comprehensive services that support the whole family. This resource builds on this commitment and offers a common understanding of what family well-being means for Head Start and Early Head Start families and children. When families are safe, healthy, and financially secure, they are more likely to reach the goals they have for themselves and their children.

Family well-being is one of a number of important outcomes for families. Through strengths-based partnerships with families, programs can support better outcomes for families and their children. Programs can focus on strong parent-child relationships by supporting the positive interactions they already see and sharing new ideas for activities at home. Program leadership can work with staff to create an environment where the strengths, hopes, and passions of families are valued and reinforced. Staff can encourage families to take leadership roles, share program governance, and take an active part in decision-making. When families want to become more actively involved in their own career development, programs can help families pursue opportunities for lifelong learning. When families are strong and secure and when family outcomes are enhanced, children are more likely to be healthy and ready for a lifetime of learning.

Families of all types can raise thriving children. This includes families with various caregiving structures, cultural beliefs, socioeconomic levels, faiths, home languages, and countries of origin. While all families have many strengths



The OHS PFCE Framework is a research-based approach to program change that shows how Head Start and Early Head Start programs can work together as a whole—across systems and service areas—to promote family engagement and children’s learning and development.



and the ability to reach their goals, they can also face significant adversity. Many families of all backgrounds in the U.S. face challenges to well-being, including unemployment, poverty, high housing costs, food insecurity, community violence, limited education, and poor health. Each of these alone can cause family stress. When combined, negative effects on family well-being and child outcomes can be even greater (Vernon-Feagans & Cox, 2012; Brooks-Gunn, Duncan, & Maritato, 1999).

HS/EHS programs can partner with families to

- identify individualized safety, health, and financial goals,
- obtain needed information and education, and
- access supportive community resources.

Throughout this resource, family well-being refers to the *safety, health, and financial security* of the whole family. The *safety* sections focus on housing and neighborhood security. Personal and cultural safety issues are also discussed. The *health* section addresses food security, as well as parental physical and mental health. *Financial security* includes meeting basic needs, improving earning capacity, and saving and investing resources.* This resource presents relevant research findings and highlights ways that HS/EHS programs can take a strengths-based approach to support family well-being.



* This resource is intended as an overview and should be considered as an introduction to the three topic areas. Links to additional information are provided at the end of this resource.

Family Well-being: What We Know

“Young children learn and grow within the context of their family, early learning environments, community, and society.”—Bronfenbrenner, 1979

Within HS/EHS, families represent a wide range of cultures, languages, household structures, and living situations (HHS/ACF/OHS, 2013a). When families have secure housing, nutritious food, and access to health care, children tend to fare better in terms of their early development (Chazan-Cohen et al., 2009; Duncan & Magnuson, 2005; Fantuzzo, Leboeuf, Brumley, & Perlman, 2013; Mistry, Benner, Biesanz, Clark, & Howes, 2010; Ryu & Bartfeld, 2012). Neighborhood and community factors also interact to influence families and shape young children’s development. For instance, the opportunity for social interactions and the availability of institutional resources such as libraries, community centers, and stores have a positive impact on family functioning and child development (Goldfeld et al., 2010).

Safety and Stability

Family well-being is characterized, in part, by the overall safety and stability of family members. This can include housing stability, neighborhood security, and personal welfare, such as adult and child safety in the home and neighborhood.

Housing: Affordable, stable housing in a safe, supportive neighborhood is an important part of family well-being (Swick & Williams, 2006). Families experiencing homelessness report a loss of parental control and are more likely to experience domestic or community violence and an increase in fear and anxiety (Swick & Williams, 2010, 2006). Housing instability is associated with less family engagement in children’s early school-related activities and poor early school attendance. Children who experience homelessness during their infancy, toddler, or preschool years tend to have poorer early academic outcomes overall (Fantuzzo et al., 2013).

Neighborhoods: Neighborhood security contributes to family safety. Neighborhoods that are physically safe have resources that support family activities, promote health, and support community connections, such as parks, sidewalks or walking paths, libraries, and community centers (Kenney, 2012; Kingston, Huang, Calzada, Dawson-McClure, & Brotman, 2013). Neighborhood safety can foster important social opportunities for young children to

- learn social customs,
- develop a sense of confidence in their communities, and
- build interpersonal relationships (Boethel, 2004).

On the other hand, unsafe neighborhoods tend to have inadequate physical infrastructures and more limited community resources; and they offer fewer opportunities for family outings and play with peers (Kenney, 2012).

Personal Safety

Child abuse and domestic violence: Child abuse and domestic violence have been the focus of far more research than can be covered in this resource. Here are just a few of the many important findings:

- Exposure to violence and abuse can be considered a form of “toxic stress.” This can interfere with early brain development and can also lead to other negative short- and long-term consequences for children (Shonkoff et al., 2012).
- Violence between adult partners in the family is associated with a loss of parent-child closeness and increased child neglect (Nicklas & Mackenzie, 2013). This decrease in family members’ ability to nurture their children can negatively impact children’s behavior and health (English, Marshall, & Stewart, 2003).

Unintentional injuries: Unintentional injuries are the leading cause of death among children ages one to five. Falls are the leading cause of non-fatal injuries in children birth to five (Hagan, Shaw, & Duncan, 2008). Younger children and children who live in poverty have higher rates of injury (Centers for Disease Control and Prevention, 2014). In the long term, adverse childhood safety experiences can add up and have been linked to poor adult health outcomes and shortened life expectancy (Felitti et al., 1998).

Cultural safety: Cultural safety refers to environments and societal practices that recognize, respect, and honor the cultural identities of others (Williams, 1999). The harmful effects of racism experienced by people from non-dominant cultures can affect stress levels, health status, and even life expectancy (Chae et al., 2014). Cultural safety also refers to an approach to service delivery that respectfully engages families to select the most individually appropriate path to well-being (Ball, 2009).

Health

A key aspect of family well-being is the health of all family members. Health promotion and illness prevention depend on the availability of affordable, nutritious food, and access to a regular medical home. It also depends on oral health, mental health, and substance abuse treatment resources.

Food Security: Hunger is a reality for fifty million people in the United States, and it is more common in households with children (Coleman-Jensen, Nord, & Singh, 2013). Low-income neighborhoods are less likely to have grocery stores, and the food that is accessible is often not very healthy. Food insecurity, or poor access to nutritious, affordable food, can interfere with the whole family’s health.

The mental health of young children is impacted by their families’ access to sufficient, nutritious food (Zaslow et al., 2009). Persistent food insecurity can be especially damaging to children’s long-term health outcomes (Ryu & Bartfeld, 2012).

Parental Health: Parental health status includes physical, oral, and mental health. All can impact children in the family. When any one family member experiences poor health and limited medical access, the effects on young children can include

- an increased use of emergency care,
- missed well-child visits at the pediatrician’s office, and
- greater incidences of health conditions, such as asthma (Hardie & Landale, 2013).

Parents with high levels of stress and depression can have more limited capacity to participate in positive parenting practices, such as affectionate, responsive parent-child interactions. This can have long-term effects on children’s health and response to stressors (Meadows, McLanahan, & Brooks-Gunn, 2007).

Caregiving interactions also affect children’s social and emotional competence. When parent-child relationships are primarily positive, children are more likely to have the skills they need to be successful in school (Sheridan, Knoche, Edwards, Bovaird, & Kupzyk, 2010).

Health Care: A medical home is a “one-stop shopping” health care resource that can

- facilitate families’ access to services,
- increase connections between community organizations and pediatric health services, and
- promote regular well-child care (Center for the Study of Social Policy, 2013; Coker, Thomas, & Chung, 2013).

Well-child care can help identify early intervention opportunities, such as developmental delays and exposure to environmental toxins. It also offers families information about injury prevention and developmental expectations. Similarly, prenatal care for expectant mothers can provide children with a healthy start in life and reduce the risks of birth defects, low birth weight, prematurity, and miscarriage (Center for the Study of Social Policy, 2013).

Families without access to regular medical care face barriers to managing family health problems and are more likely to use emergency care (Hardie & Landale, 2013). Access can be especially limited for immigrant families. Almost 45 percent of recent immigrant children from families with low incomes lacked health insurance in 2009 (Wight, Thampi, & Chau, 2011).

Mental Health: Parents' mental health can affect children's outcomes, including their mental health (Bennett, Brewer, & Rankin, 2012). Mother's depression in pregnancy is associated with poor maternal nutrition and weight gain, as well as premature births, low birth weight, and attachment issues (Wisner et al., 2009). Depression can also directly impact parenting practices and families' abilities to nurture the kind of positive relationships with children that are needed to promote early learning and development (Waylen & Stewart-Brown, 2010). Maternal depression can lead to anxiety and depression in children, which can impact peer relationships and school readiness (Meadows et al., 2007). Because depression is closely linked to the stresses of poverty, housing instability, and unemployment, it tends to be more common in families with persistent financial challenges (Adler & Newman, 2002).

By providing families with strengths-based support, information, and referrals for treatment, programs can make a significant difference for parents suffering from depression and for their children, too. For more information, see *Family Well-being: A Focus on Parental Depression* (<https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/docs/depression-pfcr-rtp.pdf>), another resource in this series.

In addition to depression, other mental health issues—such as anxiety, mood disorders, trauma, and substance abuse—can impact family well-being and child outcomes. Over 2.2 million children between birth and five years are living with a parent with a substance use disorder. These children are at much higher risk for abuse and neglect as well as for a variety of behavioral and academic challenges (ICF International, 2009; Mensah & Kiernan, 2010).

Financial Security

Financial security includes families' ability to

- earn an income to take care of basic living expenses,
- manage their money,
- pay debts,
- save money, and
- build assets.

Income and Education: Poverty can affect child outcomes. During early childhood, poverty is more damaging than it is later in a child's life and is related to lower long-term academic achievement, adult employment, and earning power (Duncan & Magnuson, 2011).

Parents' educational levels are closely related to income and opportunity (Aud et al., 2013). The lack of a high school diploma affects family income and is a significant predictor of family and child outcomes. EHS studies have found mothers' lack of a high school diploma to be a critical risk factor related to poor outcomes for children, along with single parenting, unemployment, level of poverty, and receiving public assistance (Ayoub et al., 2009; Vogel, Xue, Moiduddin, Kisker, & Carlson, 2010).

Increasing family income through employment and tax credits, particularly during early childhood, can improve children's academic achievement and adult learning (Duncan & Magnuson, 2011).

Increasing and stabilizing family income is related to improved child behaviors and mental health (Costello, Compton, Keeler, & Angold, 2003). Building family financial assets can positively affect children's long-term outcomes. For example, nearly three-quarters (71 percent) of children born to parents who have low incomes but are high-saving move up from the bottom income quartile over a generation. This is compared to only 50 percent of children of parents who are low-saving and have low incomes (Cramer, Brien, Cooper, & Luengo-Prado, 2009).

Supporting Family Well-being

Challenges to family well-being can be especially difficult when they occur together and build up over time. When parents are overwhelmed, their hope and motivation may waver. Programs can use their unique, two-generational model to re-energize families through their passion for their children. Programs can then help families develop strategies to protect or restore family well-being. Programs can also combine respectful, goal-oriented family partnerships with strong connections to community resource providers to support overall family well-being. This next section outlines practices that HS/EHS programs can build upon to engage families around specific areas of family well-being.



Safety

Housing, Neighborhood, and Community Safety:

Head Start serves more than 50,000 families experiencing homelessness and provides housing assistance referrals to approximately 105,000 households (HHS/ACF/OHS, 2013b). Fostering strong linkages between HS/EHS programs and community building initiatives can improve families' housing stability and address neighborhood safety issues. HS/EHS programs can support families' efforts to improve their communities by linking them with neighborhood watch programs and community leadership opportunities. These community linkages build relationships among families so that they know their neighbors, are less isolated, and give and receive help from each other (Goldfeld et al., 2010).



Community partnerships can help create and coordinate resource centers for housing assistance, job training, education, English language learning, WIC, food banks, health care, and other services (Berlin, Brooks-Gunn, & Aber, 2001).

Personal Safety: HS/EHS partnerships with providers in local child abuse and domestic violence agencies can be essential to support families and children who are in physical or emotional danger. HS/EHS staff can also help families recognize safety hazards in their home based on their children's age or developmental level. Together, programs and families can complete home safety checks and obtain equipment such as window guards, stair gates, electrical outlet covers, cabinet locks, smoke alarms, carbon monoxide detectors, car seats, and other injury prevention items.

Health

Food Security: HS/EHS serves as a protective factor by providing nutritious breakfasts, lunches, and snacks. Programs can also help families access community resources such as food pantries, food stamps, and WIC. Staff can partner with families to provide information and training on planning low-cost meals and maximizing nutrition on a budget.

Health Care: As part of their comprehensive services to children and families, HS/EHS programs can support families to find a medical home where they can access prenatal services and establish ongoing physical and mental health care for the whole family. In 2013, most HS/EHS families had a regular medical home (93 percent) and health insurance (94 percent) for their children at enrollment (HHS/ACF/OHS, 2013b). Additionally, 7 percent of HS parents in a recent survey indicated that Head Start had helped them connect with regular health care (Aikens et al., 2010). Programs can offer training for families that teach practical health skills and empower them to set and achieve their own health goals (Herman, Nelson, Teutsch, & Chung, 2012, 2013).



By building relationships with health care providers in the community, HS/EHS programs can make connections to health care providers who understand a family's cultural values and speak their language.

Mental Health: HS/EHS provides family members with opportunities for social interactions and peer support. EHS research also indicates that families do better in the long term when they see their children doing well (Vogel, Xue, Moiduddin, Kisker, & Carlson, 2010). Programs that recognize possible mental health disorders and substance abuse in HS/EHS family members can help them access community supports and services. In many cultures, mental health issues carry a strong social stigma, so families may be reluctant to seek treatment. Programs can identify and link families with mental health supports that are culturally relevant. HS/EHS mental health consultants can provide training on mental health topics and offer referral support.

Financial Stability

Asset-Building Strategies: Family asset-building focuses on educating families about financial opportunities that may help them increase and sustain economic security (Corporation for Enterprise Development, 2010; Tivol & Brooks, 2012). Asset-building can help families to

- receive public benefits,
- access safe, affordable financial products and services,
- utilize tax credits and free tax preparation,
- understand personal finance and budgeting,
- relieve debt and build or repair credit,
- save for an emergency or future goal, and
- invest in education, home ownership, or a business.

HS/EHS programs can develop a network of community partners that provide asset-building services and collectively aim to support families' financial security. Programs can also develop partnerships with banks, community action agencies, or local cooperative extension offices that may specialize in certain asset-building strategies.

Adult Education and Training: HS/EHS programs support family self-sufficiency by caring for children while parents participate in job skills training or attend school. In addition, programs can offer information to families about training and education opportunities in the community. By partnering with community organizations, educational institutions, and local workforce centers, HS/EHS programs can help families identify opportunities that support their long-term earning potential.

Conclusion: Bringing It All Together

Families experience well-being when all family members are healthy, safe, and financially secure. When families face challenges in one or more of these areas, their ability to support child outcomes and school readiness can be affected. Engaging families as active participants in problem solving can help family members identify and use their own strengths to address the challenges they face. Because HS/EHS staff partner with families every day to raise resilient young children, they are in a unique position to link families to community supports, training, and information resources that can increase overall well-being.



What Can Programs Do?

Well-being is a vast and complex family outcome. As a result, programs need to carefully plan and implement their approach to address the many different strengths and needs of the families they serve.

Gather Information: The first step is to learn about the overall strengths and challenges of families in your program. Programs can begin by reviewing self-assessments, program information report (PIR) data, and community assessments. The Family Partnership Agreement Process is another rich source of information about the kinds of issues families face, the goals they are ready to address, and the resources they already possess to do so. Asking families questions about successes and challenges on a regular basis is essential to decision-making about program priorities. Policy Council and parent committees will also have important information to share.

Staff who work with families, including teachers, family service workers, and home visitors, have valuable insights into what services are being provided, where gaps exist for families, and what strengths families possess to overcome the challenges they face.

Programs can also work with community partners to collect data on the range of resources and challenges for family well-being in their communities. This data can then be used to engage community partners in planning supports for family well-being.

Once a program has assessed family, community, and program assets and needs, some of the following types of program work can be implemented in partnership with families.

Offer Individualized Support: Develop a program-wide approach to individualizing family support so you can partner with each family on their unique strengths and concerns. Some programs ask all families about their interests, hopes, needs, and achievements at the beginning of the school year and at the end of the spring. Others use parent-teacher conferences or more informal interactions as opportunities to build relationships and identify individual family strengths and needs. Combined with the overall priorities identified in information gathering, knowing individual family priorities and strengths can help programs develop a plan of action for supporting each family's well-being.

Provide Targeted Information, Resources, and Trainings: Once you understand both the overall and individual strengths and needs of families within your program, you can collect the most appropriate resources and develop targeted training to join families where they are. Community and national organizations that have expertise in areas of health, safety, and financial security offer many useful tools and resources. Programs can use these resources to focus on planning and partnering, rather than creating new tools. Additionally, many of the resources and trainings that can support families may also be useful for staff's well-being.

Develop Community Partnerships: Many communities have a variety of organizations that are dedicated to housing, neighborhood safety, health, oral health, mental health, workforce development, education, and personal financial development. HS/EHS grantees and programs can leverage their own role in the community to partner with local organizations to provide topical trainings and develop referral networks for families. In addition, free national resources exist that programs can access and provide to families.

Key Resources

HS/EHS programs can access a wealth of information online to address the complex, interrelated aspects of family well-being. National organizations offer a range of guidance, informational materials, curricula, and program ideas that focus on safety, health, and financial security. In addition, the Office of Head Start has developed resources specifically for HS/EHS programs. To access these resources, go to the Head Start Early Childhood Learning and Knowledge Center at <http://eclkc.ohs.acf.hhs.gov/hslc>.

The following examples are not the only useful resources available but represent some good examples for programs to consider.

Programs can explore these resources to

- find information materials to share with families,
- identify training opportunities to bring to their sites, and
- create specific partnerships with community organizations.

Housing, Neighborhood, and Personal Safety

Interactive Homelessness Lessons

<https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/family/Homelessness/>

National Center on Family Homelessness

<http://www.familyhomelessness.org>

Neighborhood Safety Network

<http://www.cpsc.gov/en/Safety-Education/Neighborhood-Safety-Network>

National Crime Prevention Council

<http://www.ncpc.org>

Child Welfare Information Gateway

<http://www.childwelfare.gov>

Family Health

Breastfeeding (Office on Women's Health)

<http://www.womenshealth.gov/breastfeeding>

National Center for Injury Prevention (Center for Disease Control)

<http://www.cdc.gov/injury>

National Center for Medical Home Implementation

<http://www.medicalhomeinfo.org>

National Health Insurance Marketplace

<http://www.healthcare.gov>

National Institute of Mental Health

<http://www.nimh.nih.gov>

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

<http://www.fns.usda.gov/wic/women-infants-and-children-wic>

Substance Abuse and Mental Health Services Administration

<http://www.samhsa.gov>

Financial Security, Education, and Workforce Training

American Council on Education

<http://www.acenet.edu>

Assets & Opportunity Network

<http://www.assetsandopportunity.org/network>

Career One Stop

<http://www.careeronestop.org>

Center for Working Families

<http://www.aecf.org/work/economic-opportunity/center-for-working-families/>

Corporation for Enterprise Development

<http://www.cfed.org>

Federal Deposit Insurance Corporation (Money Smart Curriculum)

<http://www.fdic.gov/consumers/consumer/moneysmart/>

Financial Opportunity Centers

<http://www.lisc.org/our-initiatives/financial-stability/financial-opportunity-centers/>

GED Testing Service

<http://www.gedtestingservice.com/ged-testing-service>

National Community Tax Coalition

<https://tax-coalition.org>

National Endowment for Financial Education (Financial Workshop Kits)

<http://www.financialworkshopkits.org>

References

- Adler, N. E., & Newman, K. (2002). Socioeconomic disparities in health: Pathways and policies. *Health Affairs, 21*(2), 60–76.
- Aikens, N., Tarullo, L., Hulseley, L., Ross, C., West, J., & Xue, Y. (2010). *A Year in Head Start: Children, Families, and Programs*. Washington DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation.
- Aud, S., Wilkinson-Flicker, S., Kristapovich, P., Rathbun, A., Wang, X., & Shang, J. (2013). *The Condition of Education 2013 (NCES 2013-037)*. Washington, DC: U.S. Department of Education, National Center for Education Statistics. Retrieved from <https://eric.ed.gov/?id=ED542714>
- Ayoub, C., O'Connor, E., Rappolt-Schlichtmann, G., Vallotton, C., Raikes, H., & Chazan-Cohen, R. (2009). Cognitive skill performance among young children living in poverty: Risk, change, and the promotive effects of Early Head Start. *Early Childhood Research Quarterly, 24*(3), 289–305.
- Ball, J. (2009). Supporting young Indigenous children's language development in Canada: A review of research on needs and promising practices. *Canadian Modern Language Review/La Revue Canadienne Des Langues Vivantes, 66*(1), 19–47.
- Bennett, A. C., Brewer, K. C., & Rankin, K. M. (2012). The association of child mental health conditions and parent mental health status among US Children, 2007. *Maternal and Child Health Journal, 16*(6), 1266–75.
- Berlin, L. J., Brooks-Gunn, J., & Aber, J. L. (2001). Promoting early childhood development through comprehensive community initiatives. *Children's Services, 4*(1), 1–24.
- Boethel, M. (2004). *Readiness: School, Family, & Community Connections*. Austin, TX: SEDL. National Center for Family & Community Connections with Schools.
- Bronfenbrenner, U. (1979). *Ecology of Human Development: Experiments by Nature and Design* (p. 349). Cambridge, MA: Harvard University Press.
- Brooks-Gunn, J., Duncan, G. J., & Maritato, N. (1999). Poor families, poor outcomes: The well-being of children and youth. In G. J. Duncan & J. Brooks-Gunn (Eds.), *Consequences of growing up poor* (pp. 1–17). New York: Russell Sage Foundation.

- Center on the Developing Child at Harvard University. (2010). *The foundations of lifelong health are built in early childhood*. Retrieved from <http://developingchild.harvard.edu/resources/the-foundations-of-lifelong-health-are-built-in-early-childhood>
- Center for the Study of Social Policy. (2013). *Results-based public policy strategies for supporting early healthy development*. Washington, DC.
- Centers for Disease Control and Prevention. (2014). Injury prevention & control: Data & statistics (WISQARS). Retrieved from <http://www.cdc.gov/injury/wisqars/index.html>
- Chae, D. H., Nuru-Jeter, A. M., Adler, N. E., Brody, G. H., Lin, J., Blackburn, E. H., & Epel, E. S. (2014). Discrimination, racial bias, and telomere length in African-American men. *American Journal of Preventive Medicine, 46*(2), 103–111.
- Chazan-Cohen, R., Raikes, H., Brooks-Gunn, J., Ayoub, C., Pan, B. A., Kisker, E. E., ... Fuligni, A. S. (2009). Low-income children's school readiness: Parent contributions over the first five years. *Early Education & Development, 20*(6), 958–977.
- Coker, T. R., Thomas, T., & Chung, P. J. (2013). Does well-child care have a future in pediatrics? *Pediatrics, 131*(2), S149–S159.
- Coleman-Jensen, A., Nord, M., & Singh, A. (2013). Household food security in the United States in 2012, ERR-155, U.S. Department of Agriculture, Economic Research Service. Retrieved from https://www.ers.usda.gov/webdocs/publications/err155/39937_err-155.pdf
- Corporation for Enterprise Development. (2010). A New Framework for Achieving Household Financial Security (pp. 1–4). Washington, DC. Retrieved from http://cfed.org/assets/CFEDHouseholdFramework_4Pager.pdf
- Costello, E. J., Compton, S. N., Keeler, G., & Angold, A. (2003). Relationships between poverty and psychopathology: A natural experiment. *JAMA, 290*(15), 2023–2029.
- Cramer, B. Y., Brien, R. O. Y., Cooper, D., & Luengo-Prado, M. (2009). *A Penny Saved Is Mobility Earned: Advancing Economic Mobility Through Savings* (p. 70). Washington, DC.
- Duncan G. J. & Magnuson, K. A., (2005). Can family socioeconomic resources account for racial and ethnic test score gaps? *The Future of Children, 15*(1). Retrieved from <http://www.jstor.org/stable/1602661>
- Duncan, G. J., & Magnuson, K. (2011). The long reach of early childhood poverty. *Pathways, 22–27*. Publication of the Stanford Center for the study of Poverty and Inequality.
- English, D. J., Marshall, D. B., & Stewart, A. J. (2003). Effects of family violence on child behavior and health during early childhood. *Journal of Family Violence, 18*(1), 43–57.
- Fantuzzo, J., Leboeuf, W., Brumley, B., & Perlman, S. (2013). A population-based inquiry of homeless episode characteristics and early educational well-being. *Children and Youth Services Review, 35*(6), 966–972.
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., ... Marks, J. S. (1998). Relationship of child abuse and household dysfunction to many of the leading causes of death in adults. *The Adverse Childhood Experiences (ACE) Study, 14*(4), 245–258.
- Goldfeld, S., Mathers, M., Mathews, T., Katz, I., Kershaw, P., Brinkman, S., ... Woolcock, G. (2010). *Understanding the community level factors that influence children's developmental outcomes: A literature review undertaken for the Kids in Communities Study (KICS) collaboration* (pp. 1–43).
- Hagan, J., Shaw, J., & Duncan, P. (Eds.). (2008). *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* (Third Ed., p. 616). Elk Grove Village, IL: American Academy of Pediatrics.
- Hardie, J. H., & Landale, N. S. (2013). Profiles of risk: Maternal health, socioeconomic status, and child health. *Journal of Marriage and Family, 75*(3), 651–666.
- Herman, A., Nelson, B. B., Teutsch, C., & Chung, P. J., (2013). A structured management approach to implementation of health promotion interventions in Head Start. *Preventing Chronic Disease, 10*.
- Herman, A., Nelson, B. B., Teutsch, C., & Chung, P. J., (2012). "Eat healthy, stay active": A coordinated intervention to improve nutrition and physical activity among Head Start parents, staff, and children. *American Journal of Health Promotion, 27*(1), e27–236.
- HHS/ACF/OHS (2013a). Head Start Program Facts Fiscal Year 2013. Washington, DC.
- HHS/ACF/OHS (2013b). Office of Head Start—Services Snapshot: National All Programs (2012–2013) (pp. 1–4). Washington, DC. Retrieved from <https://eclkc.ohs.acf.hhs.gov/hslc/data/psr/national-all.pdf>
- ICF International. (2009). *Protecting Children in Families Affected by Substance Use Disorders* (pp. 1–114). Washington, DC.
- Kenney, M. K. (2012). Child, family, and neighborhood associations with parent and peer interactive play during early childhood. *Maternal and Child Health Journal, 16*(1), 88–101.
- Kingston, S., Huang, K. Y., Calzada, E., Dawson-McClure, S., & Brotman, L. (2013). Parent involvement in education as a moderator of family and neighborhood socioeconomic context on school readiness among young children. *Journal of Community Psychology, 41*(3), 265–276.
- Meadows, S. O., McLanahan, S. S., & Brooks-Gunn, J. (2007). Parental depression and anxiety and early childhood behavior problems across family types. *Journal of Marriage and Family, 69*(5), 1162–1177.
- Mensah, F. K., & Kiernan, K. E. (2010). Parents' mental health and children's cognitive and social development. *Social Psychiatry and Psychiatric Epidemiology, 45*(11), 1023–1035.
- Mistry, R. S., Benner, A. D., Biesanz, J. C., Clark, S. L., & Howes, C. (2010). Family and social risk, and parental investments during the early childhood years as predictors of low-income children's school readiness outcomes. *Early Childhood Research Quarterly, 25*(4), 432–449.
- Nicklas, E., & Mackenzie, M. J. (2013). Intimate partner violence and risk for child neglect during early childhood in a community sample of fragile families. *Journal of Family Violence, 28*(1), 17–29.
- Ryu, J. H., & Bartfeld, J. S. (2012). Household food insecurity during childhood and subsequent health status: The Early Childhood Longitudinal Study—Kindergarten Cohort. *American Journal of Public Health, 102*(11), e50–e55.
- Sheridan, S. M., Knoche, L. L., Edwards, C. P., Bovaird, J. A., & Kupzyk, K. A. (2010) Parent engagement and school readiness: Effects of the Getting Ready intervention on preschool children's social-emotional competencies. *Early Education & Development, 21*(1), 125–156.
- Shonkoff, J. P., Garner, A. S., Siegel, B. S., Dobbins, M. I., Earls, M. F., McGuinn, L., ... Wood, D. L. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics, 129*(1), e232–e246.
- Swick, K. J., & Williams, R. (2010). The voices of single parent mothers who are homeless: Implications for early childhood professionals. *Early Childhood Education Journal, 38*(1), 49–55.
- Swick, K. J., & Williams, R. D. (2006). An analysis of Bronfenbrenner's bio-ecological perspective for early childhood educators: Implications for working with families experiencing stress. *Early Childhood Education Journal, 33*(5), 371–378.
- Tivol, L., & Brooks, J. (2012). Getting a Head Start on Financial Security (p. 24). Washington, DC. Retrieved from http://cfed.org/assets/head_start-final.pdf
- Vernon-Feagans, L., & Cox, M. (2012). I. Poverty, rurality, parenting, and risk: An introduction. *Monographs of the Society for Research in Child Development, 78*(5), 1–23.
- Vogel, C. A., Xue, Y., Moiduddin, E. M., Kisker, E. E., & Carlson, B. L. (2010). *Early Head Start Children in Grade 5: Of the Early Head Start Research and Evaluation Project Study Sample Final Report*. Washington, DC.
- Waylen, A., & Stewart-Brown, S. (2010). Factors influencing parenting in early childhood: A prospective longitudinal study focusing on change. *Child: Care, Health and Development, 36*(2), 198–207.
- Wight, V. R., Thampi, K. & Chau, M. (2011). *Poor Children by Parents' Nativity: What Do We Know?* National Center for Children in Poverty. New York City: NY, April 2011. Retrieved from http://www.nccp.org/publications/pdf/text_1006.pdf
- Williams, R. (1999). Cultural Safety—What Does It Mean for Our Work Practice? *Australian and New Zealand Journal of Public Health, 23*(2), 213–214.
- Wisner, K. L., Sit, D. K. Y., Hanusa, B. H., Moses-Kolko, E. L., Bogen, D. L., Hunker, D. F., ... Singer, L. T. (2009). Major depression and antidepressant treatment: Impact on pregnancy and neonatal outcomes. *The American Journal of Psychiatry, 166*(5), 557–66.
- Zaslow, M., Bronte-Tinkew, J., Capps, R., Horowitz, A., Moore, K. A., & Weinstein, D. (2009). Food security during infancy: Implications for attachment and mental proficiency in toddlerhood. *Maternal and Child Health Journal, 13*(1), 66–80.

Acknowledgements:

This document was originally developed with funds from Grant #90HC0003 and modified with funds from Grant #90HC0014 for the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start, and Office of Child Care by the National Center on Parent, Family, and Community Engagement. We are grateful to our colleagues and the families in the Head Start and Early Head Start community for their contributions to this resource. It may be duplicated for noncommercial uses without permission.

© 2013 Boston Children's Hospital. All rights reserved.