Combating Poverty through the Administration of Non-Educational Services:

A Family Resource and Youth Services Model

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Abstract
The researcher examined the self-reported mission and barriers to providing non-educational services through Kentucky’s Family Resource and Youth Service centers. The experimental design contained 348, or 49%, Kentucky elementary schools responding to a data-collection survey. Family Resource and Youth Service Centers considered their (1) mission statement, (2) organizational goals, (3) greatest barriers to the service-delivery model, and (4) community engagement in the administration of services.

Keywords: Community Collaborative Initiative, Kentucky Family Resource and Youth Service, Next Generation Community Revitalization
Research Setting
Supported by the John C. Young Research grant, this study was the collaborative effort of between the Coalition of Kentucky Family Resource and Youth Service Centers, Centre College, and 348 Kentucky elementary schools to identify regional differences in the implementation of larger, state-organized missions and services. The goal was to determine if larger, state-set missions and goals are lost or diluted by regional differences and needs within Kentucky, as well as, to gauge the role of community engagement in the efforts of Kentucky Family Resource and Youth Centers.

Poverty and Education
Twenty-one percent of American children live in poverty, as indicated by the U.S. Census Bureau. Then, a subset of ten states is identified as the states that chronically have the highest rates of childhood poverty. Kentucky is identified as one of ten states with 26% of its children living below the poverty line, in 2010 Kentucky saw a one-percent rise in poverty rates from 2009 (Macartney, 2011).

This rise in childhood poverty affects both public and private sectors of the state, but the effects of poverty on education arguably impact society as a whole more than any other factor. Student learning affected by poverty can be analyzed using two main processes – the financial capital model and the parental socialization model. The financial capital model associates a student’s lack of material possessions with his or her lack of academic success. Rather, the parental socialization model argues that “economic hardship diminished parents’ ability to interact with and socialize children in ways that are beneficial to their well-being” (Guo, 2000). Both models also support the idea that children from families in poverty experience more emotional and behavioral problems than do children from middle- and upper-class families leading to less time spent engaged in learning, as well as, lack of focus when in the classroom (Brooks-Gunn & Duncan, 1997). Students living in poverty are less equipped with the social, cultural, and economic capita to compete with peers who are living comfortably in the middle or upper-class.

With more than 600,000 students being impacted by poverty, higher than eighty-percent of all states, the Kentucky Publics Schools have to be aggressive and proactive in leveling the proverbial playing field through Family Resource and Youth Service Centers. Founded in 1991 by the Kentucky Education Reform Act (KERA), Family Resource and Youth Service Centers (FRYSC) exist with the primary goal to eliminate non-cognitive barriers to education to allow all students to succeed academically. “[Families] need someone they can trust to talk to about their concerns” says Becky Burton of Highland and Waynesburg Elementary Schools. Family Resource Centers (FRCs) are now that place to turn. FRC Coordinator of seven years, Barbara Pattus explains “We [FRCs] serve as a centralized contact person between school, family, local/regional agencies and community. We bring together resources that, before FRYSCs were launched in 1991, weren't accessing Kentucky's students and families.”

The Kentucky Family and Youth Resource Center
The only state to have Family Resource Centers (FRCs), Kentucky offers a unique method for combating barriers that prevent children from coming to and learning while in school. FRYSCs are non-profit organizations existing within Kentucky schools that have a student population of at least 20% of students living below the poverty line and serve five basic functions – preschool child care, after-school child day care, families in training, family literacy services, and health
services and referrals. Currently, over 600,000 Kentucky students are served each year by one or more of the five services indicated above.

Each FRC Coordinator is considered an employee of the district, not school, and is responsible for funding, planning, and implementing services to meet the needs of the school population, based on yearly Needs Assessment Surveys. The number of students eligible for Free and Reduce Lunch determines the maximum funding for which a center can apply and all funding is administered as a block grant from the state. From this block grant, salaries, program funding, and other institutional costs are allocated as directed by the FRC Coordinators.

**Method**

To determine how region affects a Family Resource and Youth Center’s mission statement, goals, and community involvement, qualitative data was used to examine the reported interactions of community involvement in local FRYSC and the self-identified goals and priority services provided by individual resource centers across the state. Qualitative data was collected through a series of open-answer questions (What is your mission statement? What is your primary service provided? What is your most significant barrier to providing services?) and then given quantitative values so the responses of individual FRCs could be compared to one another statistical purposes.

**Participants**

Specifically researching how communities engage with local Family Resource Centers, the researcher includes data from 348 Kentucky elementary schools representing 49% of all elementary schools in Kentucky and 58% of all the elementary schools with FRCs.

**Analysis**

National movements of larger-scale community reform have illustrated that isolated, initiative-based non-profits do not have the long-term effectiveness that Community Collaborative Initiatives show. The White House Council for Community Solutions reports that these CCIIs offer “long-term, cross-sector collaboratives that use data-driven decision making in aspiring to significant change on a community wide metric” (The White House, 2010). Programs such as New York’s Harlem Children’s Zone and Kentucky Strive Program, have “demonstrated needle-moving (+10%) change on a community-wide metric” in reducing high-school drop-out and poverty rates within their own communities after five years (The White House, 2010). These organizations have shifted the paradigm in non-profit work in communities. The single-initiative based non-profits of the 1990’s are becoming taboo and being replaced by the whole-community integrative efforts of large-scale, long-term reform. Initiated in the 1990’s as a part of KERA, the Family Resource and Youth Service Centers are single-initiative based non-profit organizations aimed at schools zeroing in on one issue (poverty) and working to eliminate it. This has proven to be a difficult task. The FRYSC was initially created as a single-initiative non-profit organization and over the past ten years it has initiated and is in the beginning stages (while still rudimentary) of Community Collaborative Initiatives emerging in communities addressing non-cognitive barriers to student learning.

FRC Coordinators are raising the question – do we meet the immediate basic needs of families or work toward creating a larger-framework of community collaboration? With research supporting the latter and significant funding cuts, Kentucky schools are forging community partnerships to meet the needs of their student bodies. Sixty-three percent of schools report the
communities in which they reside know about a majority of the services their FRC provides with sixty-seven percent of these partnerships resulting in five or more programs each school year.

According to Michael Denney, Director of the FRYSC, “Community collaboration is a vital ingredient in making available services readily accessible to students and families” but this collaboration is necessary now more than ever due to the by the financial crisis of 2009 when the state legislature cut funding to all superfluous services (Kentucky, 2010). Since then, the FRYSCs have lost 4.4 million dollars in funding from the Cabinet of Health and Human Services and have led to the FRYSCs to reach out to local community partners for support (About, 2012). As explained by Pam Allard, who has been the FRC Coordinator at North Hancock Elementary School for the past twelve years, “We could not provide services without our community support.” Tracey Fulley, the FRC Coordinator at Carr Elementary School since 2005, continues specifically citing the importance of the community in meeting the basic needs of students, “Food backpacks are entirely funded by donations of money or food. Three years running, we have 40 children sponsored for the Backpack program.” One of the most widely implemented programs, the Kentucky schools partner with community organizations – mostly churches – to pack backpacks of easy-to-prepare foods. This “Backpack Program” ensures that all students have access to food over the weekend and can arrive at the school doors on Monday fed and ready to learn.

Results
The above described questions and then, follow-up interviews highlight three main components with the Family Resource Centers:

(1) As prescribed by the Cabinet for Health and Family Services, the mission statement of the Family Resource and Youth Center “is to remove nonacademic barriers to learning as a means to enhance student academic success” (About). As a part of this research, FRYC coordinators were asked “What is the most important goal of the FRC?” Sixty percent of respondents (out of 257 FRCs) indicated that the mission statement of the larger FRYSC was the goal of their local, school-based efforts while 40% of the FRSYC indicated that connecting families and schools and enabling parents to become self-sufficient were the primary goals of their Family Resource Center. Of this eighty-nine percent of FRCs that indicated the primary goal was to reduce nonacademic barriers, all (one-hundred percent) of these FRCs indicated their most important service provided was caring for basic needs. While only 32% of schools whose primary mission does not align with the state-FRC mission reported that providing for basic needs is the primary service provided by their organization. When the data was tested using an x² matrix, a p-value of .017 was significant at a .05 level and is not likely due to random chance. Within this subset of data a proportionality test showed that the two poorest FRC regions in Kentucky (Region 1 and Region 8) were significantly (within a .05 range) more likely to indicate that meeting basic needs was their most important service provided (ergo the most important goal also indicated eliminating nonacademic barriers to education) when compared to Region 5 and Region 10 – the two wealthiest FRC regions in Kentucky.

(2) As a third section of the self-reported survey, Family Resource Coordinators indicated the amount of community involvement within the school and the services provided by the centers. Within Kentucky, communities interact with schools in four main ways – providing monetary funds, providing physical supplies, hosting special events within the community for students served by the Family Resource Center, and going into the school systems to interact with and mentor students. First, coordinators were asked to report the level of awareness that the
general community has about the goals and services provided by the Family Resources Center. From the survey it was determined that 83% of elementary respondents reported their communities are aware of “a majority or all of the services our FRC provides” while six percent of schools reported their communities are aware of “less than half of services provided by the family resource centers” and an additional 11% (or 28 elementary school respondents) reported their communities are “not aware of services we provide.” While the 83% of ‘fully’ aware communities partner with FRCs for five or more projects a year, the 17% of communities aware of less than half of the services provided partner with the schools on a maximum of three or four program each school year. Among all the schools there was no significant difference in the manner of interactions between schools and community partners with 97% of FRCs receiving physical supplies from the community, 84% percent of communities hosting special events for schools, and only 105 schools reporting that the community partners with the FRC for fundraising efforts.

(3) As a part of the study, demographic data was also collected on the coordinators of the Family Resource Centers. Of the FRC coordinators who responded, 25% of the coordinators had obtained a Masters degree, 51% had obtained a Bachelors Degree, 19% of coordinators had received only a high school diploma – only – and four percent of coordinators who returned surveys chose not to indicate their level of degree. When a z-proportionality test is prepared with $p_1$ representing the number of respondents of Regions 1 and 8 with at least a college degree and $p_2$ representing the number of respondents of Regions 5 and 10, FRC coordinators in wealthier regions of Kentucky are significantly more likely to have a degree higher than a high school diploma (as indicated by a p-value of $2.76 \times 10^{-4}$ which is significant at a .05 level). Additionally, the average FRC coordinator who responded had spent 12.9 years in the Kentucky Public Schools (not necessarily in the role of a Family Resource Center coordinator) and 9.8 years as a Family Resource Coordinator with coordinators ranging from two months to 20 years of experience in their current position.

**Implications**

While Family Resource Centers were designed to “blend of programs and services determined by the needs of the population” the ultimate guiding light of the centers is to “remove nonacademic barriers to learning as a means to enhance student academic success” (About, 2012). What does it mean when your poorest FRC regions no longer align their mission with the state mission of the FRC, and their most important service is no longer indicative of this goal? How can an organization effectively measure success and achievement if their goals or measures are conflicting? Poorer regions within Kentucky are still attempting to care for the immediate and primary needs of students (and less likely to receive support from the community as indicated by the third section of the survey) while wealthier regions focus on building and maintaining positive school-family relationships. These wealthier regions are forming relationships which lead to increased community support (financial, material, and time) when compared to FRCs trying to provide food, clothing, and basic medical care to its students.

This phenomena aligns with 1995 Adverse Childhood Experience (ACE) study, as synthesized by Paul Tough *How Children Succeed*. A study conducted by an HMO (led by Kaiser Permanente) with over 17,000 participants over five years, the ACE study looked at how stress affected long-term health and academic success. Participants were asked ten questions and received one point for every question in which they responded “yes.” Each of the questions gauged the number of threats a person encounter in his or her childhood and the amount of stress
that was associated with that incident. Individuals scoring a zero lived a ‘normal’ childhood. Of the students who scored zero or ‘normal’ on the ACE test, only three percent had learning or behavioral problems in school. Of students with an ACE score of four or higher, fifty-one percent had those problems. With an ACE score of six, 85% have chronic behavioral problems that result in suspension. The ACE study continues citing that human bodies regulate stress with the release of chemicals from the hypothalamic-pituitary-adrenal (HPA) axis. When exposed to stress or danger, this axis sends chemical signals to the pituitary gland, which sends signals to the adrenal gland, which sends out a host of specific defensive responses. Therefore, the students who scored a zero on the ACE test, rarely experience stress or danger and their HPA axis and does not activate on a daily basis. Since the HPA axis cannot discriminate between different types of threats (being scared by a friend vs. being hit by a parent) it activates the full response of chain reactions when the body encounters a stressor. Therefore, students who score higher on the ACE test are more likely to have an over stimulated HPA axis. A prolonged HPA response can lead to increased body temperature and blood pressure, decreased resistance to illness because your body is too focused on the stress to fend off pathogens, nervousness, difficulty concentrating, decreased self-control, inability to delay gratification along with another dozen affects (Tough, 2012). The study continued comparing students from different economic backgrounds, their ACE scores, and the activity of their HPA axis (as determined through blood and urine tests). Children from different socio-economic backgrounds differ significantly in the activity of their HPA axis. Rather, students who had a higher ACE score were more likely to have increased activity in their HPA axis (Tough, 2012). In these cases, poverty did not affect a students’ success. When academic and social performance in school was compared for students from all economic backgrounds there was no correlation between wealth and success. Rather, the correlation existed between the stress surrounding a student’s poverty and decreased success within the public school system. For nonprofit organizations, this indicated a turning point in single-initiative based efforts of the 1990’s. This idea – that it is not the issue of poverty that nonprofit organizations should be working to solve it is the issue of whole-person/community support – ushered in the Next Generation Community Revitalization (NGCR) projects (or Community Collaborative Initiatives) in which nonprofit work in unison with the community worked to address whole-person remedies for decreasing stress responses in students. Initiatives such as Kentucky’s Strive Program, New York’s Harlem Children’s Zone are examples of such efforts - the movement away from ‘beating’ poverty and the transition to whole community transformation to revitalize and decrease stress within these communities.

The connection must be made to Kentucky and its Family Resource Centers. Are Family Recourses Centers of Kentucky misusing resources by making it a priority to provide basic needs to families? Rather, should FRYSCs be extending efforts at engaging powerful community members to join in conversation and to scaffold students to decrease the stress in their live? The later effort which is show to lead to an increase chance of success in school, a decreased rate of being labeled with a learning disability, and an increased likelihood of graduating high school. Is the effort to remain a single, initiative-based nonprofit organization an relic in which resources are being wasted on unsustainable practices surrounding the provision of basic needs? If 17% of Family Resource Coordinators believe their communities are aware of less than 50% of the services provided and only partner with the community a maximum of three times a year, are the Kentucky Family Resource and Youth Centers making any attempt to advocate for the best interests of their students?
Limitations

This research, conducted by a single undergraduate student, lays the foundation for further study. Participants in this study were asked to complete a three-page online survey regarding services provided and over-arching non-profit goals. One-third of the survey was a breakdown of services provided and the number of individuals benefitting from said services. Respondents were asked to report data in number ranges rather than percentages based on population receiving services. Therefore, this third of the data was rendered useless for data purposes. In future studies, this section of the survey should be reported based on percent of population being served.

Additionally, of the 348 elementary schools that completed and submitted data, 242 of those surveys were completely filled out and data from these schools could be pulled for each point of comparison. Ranging from 242 to 315 responses – based on the questions – leaves a significant discrepancy in proportion of responses. For a more continuous data set, Family Resource and Youth Services Centers would be individually followed-up with in order to gather incomplete data sets. (For more accurate data, the researcher could follow-up with schools having incomplete data sets.)

Lastly, the nature of this research was voluntarily. Initially distributed to 702 elementary schools in Kentucky, there was a 49% response rate. Additionally of the subset of schools that responded to the survey, only 71% of schools completely answered the questions asked with the appropriate details and data. For more representative data, each of the 11 Family Resource and Youth Service regions would have exactly proportional completed responses ensuring equity among the regions.

Recommendations for Further Research

Largely, the Kentucky Family Resource and Youth Service Centers remain unchartered territory by education researchers. Using the data and information provided by this research, I would suggest three significant areas for further development:

(1) With the Kentucky’s adoption of the Common Core standards (the closest the United States has come to adopting national curriculum), educators are looking for research-proven methods for scaffolding and furthering student learning. Even though programs such as the Family Resource and Youth Service Center are inherently ‘good’ programs, these programs must also prove their effectiveness through closing gap groups (students receiving free and reduced lunch) within their schools. Further research might consider how community involvement with implementation of services affect student learning. Are Family Resource and Youth Service centers more likely to see an increased ‘return’ for their investment when partnering with the community?

(2) Are Family Resource and Youth Service Centers that indicate a higher-level of community involvement moving toward a Community Collaborative Initiative focus or are higher levels of community involvement aimed solely at addressing the ‘goods’ to solve the barrier of ‘poverty’? (i.e. Does increased community involvement lead to a greater long-term affect on the reduction of barriers or are schools using this support rather as an immediate pacifier for improvised students.)

(3) If an individual Family Resource and Youth Service Center has identified its mission and goal in the same manner as the larger-state hub, are they more successful in permanently reducing non-cognitive barriers to education? If a FRYSC and
community partner provide a single mission statement or goal for addressing poverty is the community more likely to see a long-term reduction of services administered?

**Conclusion**

It is evident that poverty adversely affects a student’s life and presents significant barriers to learning. The Kentucky Public Schools have confronted this data, institutionalizing Family Resource Centers to target and eliminate these barriers and giving the resource centers the freedom to use regionally-determined methods. Recently, cuts in funding have forced FRCs to seek new relationships with community organizations, but centers have yet to fully commit to Next Generation Community Revitalization projects (also called Community Collaborative Initiatives) that have been shown effective across the country. These NGCR projects are labor intensive efforts at “involving key stakeholders across sectors” engaging community members as “substantive partners” rather than, solely financial partners who have no “commitment to long-term involvement” and are not using “shared state to set agendas and improve” community blights (Jolin, 2012).

With the introduction of NGCRs, the Kentucky Family Resource Centers are trapped between providing for the basic needs of students while knowing research supports the effectiveness of broader-focused efforts at reforming the entire community. How can centers that have been in place for twenty years justify such a huge shift in paradigm when the FRCs serve 51% of Kentucky students? The FRC Coordinator of Cane Run Elementary School explains it simply as, “We offer HOPE”.
References


