**Title**: Characterizing Service Receipt Among Families of Young Autistic Children from Low-Resourced Communities

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**Introduction**: When young (aged 3-5) autistic children receive appropriate services, they experience long-term developmental benefits (e.g., improved cognitive and adaptive functioning) with additional positive impact on the family and society) (Koenig et al., 2010; KFF, 2010; Rosenbaum 2002). Services range from specific interventionsto therapies and parent training. Given the heterogeneity of autism, it is crucial to ensure that individualized, evidence-based treatment services are provided to each child. Further, there are many barriers to families accessing services. Because multiple systems with varying rules and norms offer services, parents struggle to identify how and where to access services or even the best mix of services for their child’s unique needs (Peele et al., 2002). As a result, the learning curve facing parents of autistic children can be daunting. Barriers to accessing services are compounded among families from low-resourced (e.g., low-income, unemployed) communities (Rosenbaum, 2002), leading to less service utilization and, ultimately, worse child outcomes (Liptak et al., 2014).A first step in improving service access is developing a holistic service access measure for families of young children with autism, especially those from low-resourced communities. To this end, the research questions in this study were: (1) What is the reliability of a service access measure for families of 3-5 year olds with autism?; (2) What is the current receipt of services, unmet service needs, barriers to services, and satisfaction with services?; and (3) To what extent do parent advocacy abilities impact service access?

**Method**: The sample included 48 parents of 3-5 year olds with autism; all participants met one of the criteria to be characterized as from a low-resourced community (i.e., low-income, received governmental services, the primary caregiver is unemployed and/or primary caregiver had a high school education or less, Kasari et al., 2014). On average, participants were 36 years of age; their children were 4.1 years of age. Most participants were mothers (95,6%). The survey measures were available in English and Spanish; 21% completed the measures in Spanish. Participants completed the Service Access Measure via a structured interview; the other measures were completed via RedCap. The service access measure was developed based on existing service access measures (e.g., the Service Assessment for Children and Adolescents, SACA, Heerman et al., 2017; Hoagwood et al., 2001). The measure was piloted with 30 families of autistic children from low-resourced communities, in English and Spanish. The measure asks about 25 services for autistic children (e.g., speech therapy, behavioral intervention plans, Medicaid). If the participant receives the service, they are asked who provides the service, their (dis)satisfaction with the service and the reason for their (dis)satisfaction. If they do not receive the service but need the service, they are asked the barrier to receiving the service. In addition to the Service Access Measure, parent advocacy abilities were measured by: empowerment (the Family Empowerment Scale, Koren et al., 1992), parenting self-efficacy (Heerman, et al., 2017), advocacy skills and comfort (Goldman et al., 2017), and Advocacy Activities (Li et al., 2024). Cronbach’s alpha and a factor analysis was conducted for the reliability of the measure. Descriptive statistics were conducted to characterize service access. Pearson correlations were conducted to examine the relation between parent advocacy abilities and service access.

**Results**: The Exploratory Factor Analysis (EFA) showed that the service measures had optimal loadings when there were two factors, and the variables were mostly assigned to either Received Services and Unmet Services. The Received Services measure had a good reliability score (Cronbach’s Alpha = .85) and the Unmet Service measure also had a good reliability score (Cronbach’s Alpha =.89). The minimum number of services currently being received by the participants or their children was 4 and the maximum was 16 services with the mode of 10 services and the mean of 8.94 services (*SD=*2.97). Among the participants, the most frequent services currently receiving were Pediatrician/Family Medicine Doctor care (100%) and Dental Care (77%), and the least frequent was Special Education Advocate (4%). The services with the most reported satisfaction (percentages) were Gastrointestinal care (100%), Geneticist care (100%), Sleep Clinician (100%), and Day Care (92%), and the services with the least reported satisfaction were Psychologist (25%), Occupational Therapy (45%), Extended School Year (45%), and Health Insurance (48%). As for the unmet services, the minimum number of unmet services was 2 and the maximum was 20 services with the mode of 7 services and the mean of 9.71 services (*SD=*4.36). The top unmet services were Recreation Activities ( 77%) and Developmental Pediatrician (63%), and the top barrier for the unmet services, excluding “other”, was “I have not looked for this service yet” (33%). Finally, the Pearson correlation between parent advocacy abilities and services was a positive relationship (*r =* 0.37, *p-value =.*03).

**Discussion:** Given that parents from low-resourced communities face many barriers to receiving services, including a lack of knowledge about available resources, the results of this study align with past findings but add depth through the detailed information on the service characteristics, satisfaction levels, and unmet needs. Previous studies have shown that improved parent advocacy skills are associated with increased service access (Goldman et al., 2017). Although the current study supports prior research, it found only a weak positive correlation between advocacy skills and service access among parents from low-resourced communities. This study also showed that the top barrier identified for unmet services was, “I have not looked for this service yet.” This may be due to the limited support available to these parents; even if they possess advocacy skills, they may remain unaware of accessible services and, therefore, unable to seek them out. These findings highlight the need for better guidance on available resources to help parents navigate the system for their children.

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