



## SUPPORTING CHILDREN'S POTENTIAL AND RESILIENCE– A Community-University Partnership: Early Risers and the Supportive Housing Provider Group FULL REPORT October 2009

**Abstract:** The goal of the Early Risers-Supportive Housing project is the implementation and evaluation of a best-practice prevention program to improve psychosocial outcomes for children residing in family supportive housing. The project, funded through a grant from the National Institute of Mental Health and additional funding from the Family Housing Fund, is an ongoing collaborative effort between researchers at the University of Minnesota and the Supportive Housing Provider Group, a collaborative comprised of 17 nonprofit organizations in the Twin Cities metropolitan area. This report, the first in a series of reports on the outcomes of the project, describes the community-university partnership and summarizes the project's methodology, the program and its activities, and the baseline results of the psychosocial status of children and their families at the outset of the project. Future reports will include:

Who are the Resilient Children in Family Supportive Housing: A Community/University Partnership: Early Risers and the Supportive Housing Provider Group (Fall, 2009)

Parenting through Change: Supporting Parenting Success in School-agers (Spring, 2010)

Exposure to Violence: Among Children in Family Supportive Housing (December, 2009)

Early Risers – Year One Results (Spring, 2010)

Early Risers – Year Two Results (Summer, 2010)

## ACKNOWLEDGEMENTS

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Layout and Graphics: Stesha Patrick and the staff at Mod & Co

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This work would not have been possible without the residents and staff of the following members of the Twin Cities Supportive Housing Provider Group:

- Breaking Free
- Dakota Woodlands
- East Metro Women's Council
- Emma Norton Services – Emma's Place
- Lutheran Social Services
- Jeremiah Program
- Model Cities of St. Paul, Inc.
- New Foundations, Inc.
- Perspectives Family Center
- RS Eden – Portland Village
- Tubman
- Wayside House, Inc – Jersey Avenue and Incarnation House
- Wilder Foundation – Jackson Street Village
- Simpson Housing Services – Passage Community
- YWCA of St. Paul

The following people contributed to this project. We thank them for their contributions and support:

Gerald J. August, Ph.D.

Michael Bloomquist, Ph.D.

Nancy Broshat

Jason Chrumdinsky

K.Laurel Davis

Dave DeGarmo

Teretha Glass-Kelly

Ashley Graf

Beth Haukebo

Kelly Henriksen

Bonnie Klimes-Dougan

Susanne S. Lee, Ph.D.

Amanuel Medhanie

Nicolle Morrell

Meaghan Nelson

Stesha Patrick

Elizabeth Plowman

George Realmuto, M.D.

Lori Roberson

Melissa Stangl

Marcia Thomas

Steven Wilson

Kia Yang

Funding provided by: The Bigelow Foundation, Family Housing Fund, The Jay and Rose Phillips Family Foundation, Mardag Foundation, The McKnight Foundation, National Institute of Mental Health, Otto Bremer Foundation, The Saint Paul Foundation, The Sheltering Arms Foundation, and Travelers.



Family Supportive  
Housing Center LLC

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## EXECUTIVE SUMMARY

### Research to Application: Closing the Gap

#### Introduction

In 2003, the Institute of Medicine of the National Academies of Science issued a report documenting a 17-year gap between the discovery of effective treatments and their use in practice. The past two decades have seen an upsurge in the development of effective programs to support healthy child development. Though they abound, these programs rarely reach our nation's most vulnerable families. And while advances in brain development herald new possibilities for healthcare, the service gaps for homeless families often leave homeless children without effective programs.

Advances in brain science have informed us about the risks to health and development of early adversity. But these past two decades have also seen significant increases in the numbers of homeless and highly mobile children and families. Children in homeless families have experienced the most pernicious of early stressors: extreme poverty, transience, educational and housing disruption, separation from primary caregivers, and exposure to traumatic events. Yet these most vulnerable children are those who typically have the least access to programs that work. The Early Risers – Supportive Housing Provider Group project is a community/university initiative to better understand the needs of our most vulnerable citizens – children who have experienced homelessness – and bring them resources that have been determined to be evidence-based best practices.

#### About the Early Risers-Supportive Housing Provider Group Project

This report describes the adjustment and psychosocial functioning of children and families in supportive housing, and traces the background and methodology of the Early Risers- Supportive Housing Provider Group project. The first in a series of reports to be released over the next year, this report lays out the baseline information gathered on over 200 children and their families residing in family supportive housing. This is the most comprehensive study to-date that we are aware of to assess families in supportive housing.

Funded by the National Institute of Mental Health and the Family Housing Fund, the Early Risers-Supportive Housing Provider Group (ER-Provider Group) project is the first to evaluate a comprehensive prevention program to promote children's adjustment in family supportive housing. The ER-Provider Group project grew out of a partnership between University of Minnesota researchers and the Supportive Housing Provider Group, a group of 17 independent, non-profit organizations that sponsor housing with services for homeless families. Convened by the Family Housing Fund and staffed by Hart-Shegos and Associates, Inc., the Provider Group had been evaluating and addressing the needs of children in supportive housing since 2005 (Gewirtz, 2007). Initial information on the risks and psychosocial adjustment (mental health, social adjustment, school adjustment) of children in supportive housing indicated that children were living in families with backgrounds of significant adversity (Gewirtz, Hart-Shegos & Medhanie, 2008). The participation of Provider Group sites in Early Risers was a strong indication of the commitment of each agency to support the delivery of the best services available to their children and families and to investigate best practices for children in supportive housing.

The Early Risers program was initially developed to reduce risks and increase protective factors among children identified by classroom teachers as early aggressive. Children identified as early aggressive are at higher risk for later poor outcomes associated with behavior, school achievement, social adjustment, and emotional functioning. Early Risers was successful at reducing both aggression and its accompanying risks, and was named a 'model practice' in several federal evidence-based practice inventories (e.g. SAMHSA's National Registry of Evidence-based Programs and Practices).

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"Most children successfully master the challenges of growing up in a wide range of circumstances. A significant number do not. Most of those who experience difficulties along the way are helped to get back on track by the skilled guidance of their parents and other adults who care for them. A highly vulnerable subgroup exhibits serious and persistent problems that require specialized intervention. No single locus of responsibility can address the needs of all young children and their families. Effective public policies clearly require both individual and shared accountability."  
.....

SHONKOFF – 2003

The primary goal of the ER-Provider Group project was to investigate the implementation and evaluation of Early Risers in family supportive housing. Family supportive housing provides a potentially valuable portal for prevention efforts since families with high-risk backgrounds are co-located in community settings (see Gewirtz, August, & Realmuto, 2008, for a discussion of the potential for family-based prevention in community settings). The goal of family supportive housing is the combined provision of subsidized housing and services, making it an ideal context to embed prevention.

### Helping Children and Families Succeed

The Early Risers program boosts child, parent, and family protective factors by providing programming in the areas outlined above. Children participate in three years of after-school programming two days per week, and in two years of a six-week summer camp aimed at enhancing social and emotional skills, and literacy. School-based monitoring and mentoring programming connects teachers, parents, and children to maximize school success. Parents participate in a parenting program, and families participate in quarterly family night activities. Family advocates deliver the program, providing individual family-based support services as needed, including referrals. Early Risers provided three levels of services, based on family need; although initially it was assumed that families would fall roughly equally into each level of need, assessments at baseline indicated higher levels of need, with the vast majority of families falling into the two highest need levels.

Baseline assessments of children and families in supportive housing document that high adversity backgrounds accompany families into supportive housing: most families had moved two or more times in the prior year, and more than three quarters of parents and children reported having experienced domestic violence and/or exposure to other traumatic events, with a significant minority involved in the child welfare system.

Family supportive housing provides a potentially valuable portal for prevention efforts since families with high-risk backgrounds are co-located in community.

Children were affected by their backgrounds. Reading, math, overall school performance, and IQ were lower than same-age peers. Reports of behavioral and emotional problems by teachers were high, and comparable to a group of housed Minneapolis children identified as early-aggressive in a prior Early Risers study. Forty percent of the children were reported to receive special education services in school.

Mothers in the ER-Provider Group project reported higher levels of distress than mothers in the general population (or than low-income housed mothers in the prior Minneapolis Early Risers study). Observations of mothers' parenting (98.5% of households were single, female-headed) indicated significant associations between mothers' parenting and child adjustment: mothers observed to be more effective in setting limits, problem-solving and encouraging their children had children reported to be better-adjusted (more strengths, fewer behavioral and emotional problems).

Despite the large proportion of children struggling in one domain or another, a small group of children appeared to be thriving. Ten percent of the children surveyed were reported to be performing at grade level in reading and mathematics, with no significant behavioral, emotional, or social/school problems. A comparison of these children with their peers in the study indicated that they showed significantly higher IQs, and that their mothers were much less likely to be clinically distressed than other mothers.

Observations of mothers' parenting (98.5% of households were single, female-headed) indicated significant associations between mothers' parenting and child adjustment: mothers observed to be more effective in setting limits, problem-solving and encouraging their children had children reported to be better-adjusted (more strengths, fewer behavioral and emotional problems).

### Supportive Housing Helps Boost Test Scores and Connect Families to Valuable Community Resources

Comparing the ER-Provider Group families with a group of housed families with children referred because of early behavior problems/aggression indicated that these two groups of children differed in some key domains, but were more similar than expected in other ways. Both the formerly homeless and the housed groups of children were rated by their teachers as having similar levels of behavior problems, above average. Not surprisingly, the formerly homeless families had lower incomes, higher mobility and were more likely to be single parent households. Mothers in the ER-Provider Group were more likely to be distressed. Although both groups of children scored on average below their same-age peers on reading and mathematics, the children in supportive housing scored higher than their housed peers. Related to this, the starkest differences between the two groups were on service utilization: on almost every service indicator, families in supportive housing were significantly more likely to have engaged in a service than housed, low-income families.

It appears that while families residing in supportive housing have extensive backgrounds of adversity, one benefit of supportive housing may be linking families to needed services, possibly resulting in improved reading and math scores.

### Conclusions and Recommendations:

The information provided by the ER-Supportive Housing Provider Group project gives the first comprehensive descriptions of children and families living in supportive housing. These portraits suggest that families come to supportive housing with extensive histories of adversity and trauma, in addition to their high mobility and homeless status. These findings are consistent with earlier research on families experiencing homelessness (e.g. Buckner & Bassuk, 1997; Masten et al, 1993) and suggest that supports and services are greatly needed by this group of families. There is increasing attention to the evidence that both parents and children have high levels of exposure to traumatic events, which have important implications for policy and practice.

From a policy and practice perspective, awareness of extensive trauma exposure among homeless families requires trauma-informed intervention and policy approaches, which are new to service systems, but of increasing interest across the country (see [www.nctsnet.org](http://www.nctsnet.org)). Similarly, interventions have been adapted to enable providers of services to homeless children and families implement skills necessary to provide trauma-informed approaches (Cullerton-Sen & Gewirtz, 2009). The data reported upon here indicate that while children are struggling in many domains, there is heterogeneity in functioning. Many children are not at grade level in reading and math, **but some are**. A significant minority of children are reported to have significant behavioral problems, **but most are not**.

Parenting matters for formerly homeless children: parents rated as more effective have children with more interpersonal strengths and fewer difficulties. And supportive housing appears to be successful in linking families with a variety of needed social services and supports. In particular, though they are still below grade average for reading and math, children in supportive housing scored higher than comparison housed children in a Minneapolis Early Risers program; possibly indicating that connection to afterschool and other academic programming is helping children who were homeless.

Helping formerly homeless children succeed in school is of particular importance. Academic competence provides not only literacy and key life skills, but also an important source of self-esteem for children. Social skills – the capacity to get along with other adults and children – are also critical for healthy childhood.

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Many children are not at grade level in reading and math, **but some are**. A significant minority of children are reported to have significant behavioral problems, **but most are not**.  
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And finally, the capacity to meet key developmental tasks in childhood is predicated on children's learning self-regulation: understanding the rules, taking turns, learning the consequences of one's actions, learning to plan, delay gratification, and carry out increasingly complex tasks. Early adversity is associated with difficulties in self-regulation, and increased risk for emotional and behavioral problems. However, effective parenting can mitigate these risks, and others.

Effective family-based, school-based, and community/housing-based services can promote child and family resilience. The goal of Early Risers is to examine whether a comprehensive prevention program in supportive housing can promote resilience by addressing the risk factors addressed above. Over the next few years, the project data gathered will enable an examination of the effectiveness of this program.

## SUPPORTING CHILDREN'S POTENTIAL AND RESILIENCE–

A Community-University Partnership: The Early Risers and the Supportive Housing Provider Group

### RESEARCH TO APPLICATION: CLOSING THE GAP

In 2003, the Institute of Medicine of the National Academies of Science issued a report documenting a 17-year gap between the discovery of effective treatments and their use in practice. The past two decades have seen an upsurge in the development of effective programs to support healthy child development. Though they abound, these programs rarely reach our nation's most vulnerable families. And while advances in brain development herald new possibilities for healthcare, the service gaps for homeless families render these children unable to avail themselves of effective programs.

Advances in brain science have informed us about the risks to health and development of early adversity. But these past two decades have also seen significant increases in the numbers of homeless and highly mobile children and families. Children in homeless families have experienced the most pernicious of early stressors: extreme poverty, transience, educational and housing disruption, separation from primary caregivers, and exposure to traumatic events. Yet these most vulnerable children are those who typically have the least access to programs that work.

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The lag between the discovery of more effective forms of treatment and their incorporation into routine patient care averages 17 years.  
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INSTITUTE OF MEDICINE – 2003  
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### HISTORY OF THE PROJECT:

#### Family Supportive Housing

Family supportive housing provides homeless families with affordable rental housing combined with services to address the root causes of the family's homelessness. Supportive housing provides children with a safe place to live, play, and learn while experiencing love and support from parents and community. Supportive housing provides homeless children a chance to have a home and a childhood.

In the Twin Cities metropolitan area, 17 non-profit agencies that sponsor housing with services for homeless families have formed the Supportive Housing Provider Group. Together, Provider Group agencies provide affordable homes and services to over 900 families with over 2,000 children each year.

Originally convened in 1998 by the Family Housing Fund, the Provider Group shares information, staff trainings, and support services for children and parents living in supportive housing. The group prioritizes best practices for working with children and advocates public policies to meet the needs of homeless children and their parents. The Supportive Housing Provider Group helps bring the voices of homeless families and their children to the community's attention.

#### Community-University Partnership

In 2005, University of Minnesota researchers invited the Supportive Housing Provider Group and the Family Housing Fund to participate in a demonstration project aimed at implementing the Early Risers program in a community setting. With five-year grant support from the National Institute of Mental Health (NIMH) for a randomized controlled effectiveness trial, University of Minnesota researchers offered the Provider Group an opportunity to address the needs of homeless children in supportive housing with a prevention program that had been well-researched and established as an evidence-based, best practice by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Earlier that year, under the leadership of Dr. Abigail Gewirtz, the U of M partnered with the Provider Group and Family Housing Fund in sponsoring a monthly training series on new research in the field of mental health. The newly proposed partnership offered the

Provider Group a further opportunity for access to mental health resources and expertise through an expanded relationship with the University of Minnesota, Department of Psychiatry.

In order to support these new efforts, and rather than duplicate these services in each provider organization, the Family Housing Fund and the Provider Group proposed developing the Family Supportive Housing Center LLC (the Center). The Center is a subsidiary of the Family Housing Fund, staffed and insured to provide shared high-quality, professional expertise in the areas of mental health consultation, advocacy, and support.

## ABOUT EARLY RISERS --- DESCRIPTION OF ITS ASSETS AND COMPONENTS

The Early Risers program was developed by Gerald August, Ph.D., L.P., and his colleagues at the University of Minnesota Medical School. The program was originally developed to address one of the most common problems of childhood adjustment – children’s aggressive behavior. The goal of the Early Risers program is to improve children’s resilience by strengthening key protective processes for children: social-emotional functioning, academic functioning, and parenting. The program accomplishes this by providing multiple programming components for children and families, delivered across different contexts - home, school, and community.

Prior to this study, Early Risers was tested in two locations in Minnesota, with a suburban, predominantly white group of young children and their parents, and with an urban, predominantly African-American group of families. In both cases, participation in the intervention led to improved outcomes (reduced aggression, better social adjustment, and improved school performance) for children. A nine-year follow-up of the original group of children who participated in Early Risers showed that participating children were significantly less likely than a comparison group of children to use drugs, be delinquent in their teens, and truant from school. Early Risers has been labeled an exemplary program by the Office of Juvenile Justice and Delinquency Prevention of the U.S. Department of Justice, and as a model program by the Substance Abuse and Mental Health Services Administration of the Federal Department of Health and Human Services (SAMHSA).

A special aspect of the Early Risers/Supportive Housing Provider Group partnership is the development of a project that uses a flexible, tailored array of program components identified below. Unlike earlier projects which were based in schools where teachers referred at-risk children for Early Risers participation, this specific project was based in supportive housing communities in order to test the effectiveness of Early Risers practices with formerly homeless children and their parents.

### Child programming included:

- **Summer Child Skills Program** - children attended a six-week summer program focused on reading enrichment, social skills education and training, and creative arts experiences.
- **School-Year Child Skills Program (“Circle of Friends Program”)** - children attended twice weekly groups focused on reading enrichment, social skills education, and creative arts experiences.

Components 1 and 2 utilized an empirically validated social-emotional skills curriculum designed for children between kindergarten and 6th grade. The curriculum – Promoting Alternative Thinking Strategies (PATHS; Kusche & Greenberg, 1995) provides in-depth training to support the healthy development of children’s emotion regulation. Children are taught how to deal with uncomfortable feelings (sadness, frustration, anger, and jealousy) while enhancing self-control and strategies for making and keeping friends. PATHS is designed to help children develop and maintain competent peer relationships, emotional recognition and regulation, problem solving skills, and positive self esteem. Social-emotional skills are a cornerstone for academic success, enabling young learners to pay attention and concentrate on learning, inhibit impulsive behavior to conform to class rules, and participate with success in peer activities.

- **Monitoring & Mentoring School Support Program** - each child’s academic functioning, social adjustment, and classroom behavior was systematically monitored and school-based interventions were provided according to each child’s level of need throughout the school year. Interventions included classroom visits by Early Risers family advocates for ‘teacher check-ins’, enrichment tutoring, and coordination with school staff, as well as support for parents in advocating for their children in school.

### Family programming included:

- **PEAK (Parents Excited About Kids)** - Bimonthly family fun nights focused on a specific topic related to child development (e.g., bullying, television watching, etc.)
- **Parenting Through Change Program**- Parents attended a 14-week long weekly parenting program during the school year focused on learning effective parenting skills for managing behavior and problem-solving, building positive parent-child relations, and collaborating with school personnel. The Parenting through Change curriculum (Forgatch & DeGarmo, 1999; Forgatch, Patterson, DeGarmo, & Beldavs, 2009) is an evidence-based, 'best' practice that improves parenting and reduces childhood problem behavior.
- **Family Support Program**- Regular contact was offered on an as-needed basis with parents and home-based intervention strategies were offered according to each family's level of need. Interventions include goal setting or goal attainment strategies, and assisting families in accessing special community health services.

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The goal of the Early Risers program is to improve children's resilience by strengthening key protective processes for children: social-emotional functioning, academic functioning, and parenting.  
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### DESCRIPTION OF PROGRAM ACTIVITIES/IMPLEMENTATION METHODOLOGY:

Early Risers focuses on the following objectives:

#### Family objectives include:

- Increase maternal (or primary caregiver) psychological wellbeing
- Increase availability and quality of social support
- Increase cohesion and absence of conflict in family relations
- Increase self-efficacy in parenting

#### Child competence objectives include:

- Increase social relationship skills.
- Increase academic achievement skills, school functioning, and positive bonding to school, as evidenced by increases in children's abilities to: (a) master fundamental skills in reading, arithmetic, and written language; (b) perform requisite classroom behaviors (e.g. listening, following directions, staying on task, managing time); and (c) express positive attitudes toward learning and school activities.
- Increase behavioral self-regulation skills, as evidenced by increases in children's abilities to (a) comply with rules that govern behavior; (b) control anger and aggressive behavior; and (c) inhibit impulsive responding.

#### Parent competence objectives include:

- Increase emotional relatedness with child
- Increase effective limit-setting with child
- Increased involvement in child's learning and school experience

Figure 1: Early Risers Community Integration Model: Enhancing Protective Factors for Building Children's Resilience



## THE PARTNERSHIP: HOW WE STRUCTURED THE RESEARCH TEAM AND IMPLEMENTATION STAFF

The Early Risers Community/University partnership consisted of two teams: the Research Team (the University); and the Implementation Team (the Center staff).

The University of Minnesota research team includes the investigators (Gerald August, Abigail Gewirtz, and George Realmuto) and the project coordinator (Nicole Morrell) charged with the responsibility for training site sponsors in the intervention intent, conducting recruitment and assessment activities on a yearly basis and providing ongoing technical assistance and "fidelity monitoring" to the Center's team of Family Advocates. The project coordinator provided a bridge from science to practice. She brought the scientific team together with the Center's team for initial training in the Early Risers programming, and for regular meetings to resolve issues associated with ensuring individualized care for each child and family (e.g., ensuring that each family received the appropriate level of care.)

The Implementation Team consisted of staff from the Family Supportive Housing Center, including project manager Beth Haukebo and five family advocates: Teretha Glass-Kelly, Melissa Stangl, Lori Roberson, Kelly Henriksen, and Steven Wilson. The responsibilities of the advocates were to provide outreach and enrollment, implement the direct service components of the intervention, and monitor and document engagement. The project manager ensured daily oversight and coordination with Provider Group member site participation.

A key aspect of the implementation was a coordinated leadership partnership between team managers Beth Haukebo and Nicole Morrell. The team managers met on a weekly basis with the five family advocates in order to monitor program delivery.

With the aid of an online database, all services were recorded for the amount of time provided to families (in order to measure 'dosage' of the program for each child and family), as well as type of service(s) delivered. Program fidelity describes the degree to which a program previously proven effective is implemented as *intended* in a community setting. Fidelity monitoring was accomplished by observing, recording, and measuring the degree to which the content of a particular curriculum (e.g., PATHS, Parenting Through Change) was delivered by family advocates, within a particular session or time period.

## PROJECT METHODOLOGY:

### Study methodology and research questions

The overarching goal of the proposed research is to study the effects of integrating a well-defined preventive intervention (Early Risers) into a family supportive housing 'system-of-care'. For the purpose of this study, family supportive housing is defined as rental housing with support services operated by nonprofit organizations for homeless families and children. The units can be site-based (i.e., apartment buildings or townhouse developments with community space) or scattered-site (i.e., individual apartments in multi-family rental buildings throughout the community.) Supportive housing usually includes both rental subsidies and family support services.

Specific aims were:

- 1. To assess effectiveness of the Early Risers "community integration model" when delivered to children who have been homeless.** Effectiveness is assessed as the capacity of the Early Risers intervention, relative to a service-as-usual comparison condition, to improve child, parent, and family protective factors that support children's healthy adjustment. Effectiveness also is assessed in terms of reduced rates of child psychiatric disorders, including oppositional and conduct disorders, anxiety and mood disorders, and post-traumatic stress and adjustment disorders. As a corollary to this aim, we also explore whether levels of service intensity (i.e., participation in level 1, 2, or 3) will be related to differences in the size of the effect of the intervention on the outcomes listed above.
- 2. To assess the fidelity of implementation of the Early Risers community integration model when delivered by family advocates.** Multiple dimensions of program fidelity are sampled across the different program components of Early Risers and across multiple family advocates at multiple observation points. Dimensions include (a) adherence, which is the extent to which intervention programs are delivered in accordance with principles and procedures dictated in the manual; (b) exposure, which is the extent to which each client's individual service plan is delivered as planned (e.g. number of sessions/contacts); and (c) quality of delivery, which includes dimensions of program delivery that focus on characteristics of interveners, such as enthusiasm, preparedness, and level of engagement and involvement.
- 3. To assess client acceptability of the Early Risers community integration model when delivered to formerly homeless children and families.** Acceptability is assessed as the capacity of the Early Risers intervention, relative to a service-as-usual comparison condition, to yield (a) greater retention rates in their respective service condition, (b) fewer parent-reported barriers to participation, (c) higher ratings of parent satisfaction with service activities, and (d) a higher level of family connectedness with the supportive housing agency.

## Study Rationale

Within the supportive housing provider community, agencies are concerned about the health and wellbeing of formerly homeless children served in family supportive housing and the lack of access of children and families to research-informed practices. From a research perspective, very little is known about the psychosocial status of children in family supportive housing, as distinct from currently homeless families, about whom far more data exist. Our earlier research had indicated that formerly homeless children in family supportive housing have significant health and mental health needs (Gewirtz, Hart-Shegos, & Medhanie, 2008; Gewirtz, 2007). This formerly homeless group of vulnerable children and families share experiences with currently homeless families, but their relatively-stable residence in family supportive housing provided a potentially unique opportunity to support children's resilience with the delivery of a best practice prevention program.

As scientists specializing in prevention of mental disorders and other developmental problems, the research group was interested in whether a well-validated prevention program targeting school aged children – Early Risers – was applicable and would be beneficial to children and families living in supportive housing. Together, the Supportive Housing Provider Group (funded by the Family Housing Fund and coordinated by Hart-Shegos and Associates, Inc) and researchers discussed how a partnership might enable providers to offer evidence-based, best practices for their clients, while enabling researchers to examine the implementation and effectiveness of the program.

## Study Methodology

The Early Risers-Supportive Housing Provider Group project is ongoing, and consists of data gathered over a four-year period for over two hundred children residing with their families in supportive housing. Approximately half of those children received two years of Early Risers prevention services.

For each year of the study, interviews were conducted with children themselves and their parents. In addition, both child and parent were observed in family interaction tasks (e.g., solving problems, playing games together.) Interviews were conducted by trained research assistants from the University of Minnesota.

Each year, questionnaires were sent to each child's teacher. Assessments gathered data on children's learning (IQ, reading, math, school functioning, and special education placement), and children's adjustment (e.g., behavioral problems, emotional problems, school problems, interpersonal strengths, social strengths, self-control, and leadership).

Parent interviews assessed each parent's mental health, life stressors over the prior year (including whether and how often the family had moved), views on parenting, and the parent-child relationship, and demographic information (e.g., income). Parents were also interviewed about their utilization of a variety of services, including social and welfare services, and community, job and educational services.

Finally, each parent was videotaped with each child in the study in a 25-minute family interaction task, which consisted of a set of problem-solving discussions and a series of games. The goal of the family interaction task was to gather information on parenting practices in supportive housing.

Additional measures were gathered with a subgroup of 77 families regarding their trauma exposure and history of domestic violence. These interviews, conducted separately from the regularly-scheduled yearly interviews, consisted of questions to both parents and children about their history of experiencing violent and traumatic events.

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Scientifically proven interventions must be disseminated to the clinics, schools, and other places where children, adolescents, and their parents can easily access them. This means that the science base must be made usable. To do so will require partnerships among scientists, families, providers, and other stakeholders.  
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HOAGWOOD & OLIN – 2002  
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## ENROLLMENT – BASELINE PSYCHOSOCIAL STATUS OF CHILDREN AND THEIR FAMILIES

Fifteen of seventeen Provider Group member organizations participated in the Early Risers study, and were randomly assigned to participate in the Early Risers prevention program, or a community standard-of-care called Partnerships for Children (alternative programming for teens and very young children). All families within a site who agreed to be recruited for the study were invited to participate in the activities of that site (i.e., Early Risers or Partnerships for Children). Any family with children between the ages of 5 and 12 were eligible to participate in Early Risers. Sites assigned to the Partnerships for Children sites were eligible to participate in programming designed so as to not interfere with the research quality of the Early Risers program, such as a website program for adolescents.

The Early Risers project recruited 152 families with 253 children into the study as a whole. Of these 253 children, 139 lived in supportive housing assigned to the Early Risers intervention condition and 114 lived in supportive housing assigned to the Partnerships for Children activities. Eighteen families left housing prior to baseline assessment, leaving 134 families with 213 children and of these, 127 families with 200 children provided information for baseline assessments. Recruitment was 'rolling'; thus families were recruited over a 10-month period. Any family entering a participating housing site with children within the 5 -12 year old age range during this time period, was invited to participate in the study.

Once caregivers had agreed to participate and signed consent forms, and their children had assented to participate, the families (Early Risers and Partnerships for Children) participated in an assessment process. This included a comprehensive and standardized series of baseline assessment instruments that were given by assessment specialists who visited the homes of participating families, interviewing parents and children, and videotaping families during a two to three hour long assessment process.

Interviews of parents included questions about family stressors, feelings and attitudes about parenting, assessments of parents' mental health/current distress, and utilization of a variety of services. Parents were also asked questions about their perceptions of their child, (e.g., child strengths, adjustment, school performance, etc.) Children older than eight years were asked to report on their own feelings and their attitudes about school, themselves, and their parents.

To assess parent-child relationships, parents and children were asked to play together during a series of tasks lasting about 25 minutes that included games (guessing game, labyrinth, and tangoes tasks) and problem-solving discussions, during which parent(s) and child were asked to discuss and solve a 'hot' family topic selected by the parent and child in turn.

In addition to data gathered from parent and child, questionnaires were also mailed to each child's school teacher. Questionnaires completed by teachers asked for teacher evaluation of the child's behavior, emotional functioning, and school performance in reading and mathematics, as well as information about attendance, special education, and other special school services in which the child may have participated.

Once assessments were complete, families in Early Risers sites were introduced to their Early Risers advocate. Advocates provided three to four home visits over the first few months of the program, in order to get to know families, assess their needs, and tailor the program to meet those needs. Needs were tailored using a series of needs assessment tools developed by the investigators: the Parent Asset and Risk Test (PART), the Child Asset and Risk Test (ChART) and the Teacher Asset and Risk Test (TART).

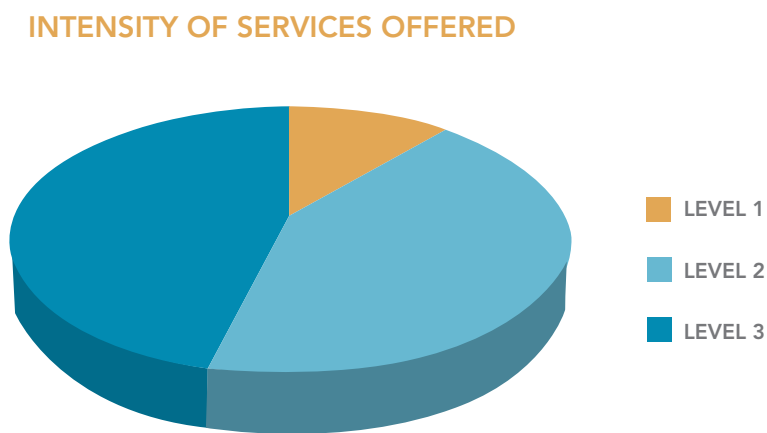
The PART and ChART were completed in an interview between advocate and parent, while the TART was mailed to teachers along with the baseline assessment packets. A summary 'score' based on a family's needs (parent(s) and child's needs) as assessed in the PART, TART, and ChART was translated into a level of service recommended for the family's participation in Early Risers. Assessments were scored by the Research Coordinator and fed-back to family advocates in order to gain consensus on the appropriateness of the recommended level of service. Reliability was high, with advocates agreeing with the need level as determined by scores more than 80% of the time. During a feedback meeting with one of the University investigators, the team reviewed the items on the needs assessments (PART, ChART, and TART), the advocate's impressions from the early meetings and interviews, and the score yielding a recommended level of service. The team then discussed potential family needs, and the advocate returned to the family to discuss the needs assessment data and the family's interest in the recommended level of service and accompanying activities.

The information from these three questionnaires, confirmed in conversation with the families, was distilled in order to yield one of three recommended levels of intervention.

- Level 1.** Children were reported to be 'doing well', keeping up in school, with no special education or mental health needs, thus assigned to the universal intervention level. Services included school-based monitoring, after-school and summer camp programming, and literacy programming.
- Level 2.** Children with moderate difficulties (e.g., those receiving special education services, or those about whom teachers and/or parents reported psychosocial concerns) were offered all the program components available in Level 1, and in addition, school-based mentoring (regular visits from the advocate). Parents were also offered the parenting component, Parenting Through Change, and case management on an as-needed basis.
- Level 3.** Children whose assessments indicated ongoing mental health difficulties or school-based special services as a result of Emotional/Behavioral Disturbance (EBD) were provided with more intensive case management that included referrals to mental health evaluation and treatment. In addition, they were offered all services available to Level 1 and Level 2 children and their parents.

It was initially anticipated that children would fall approximately equally into each of the three levels of service, but the assessments determined only 11% of children fell into the lowest need level (Level 1), while 43% were assessed to be of moderate need (Level 2), and 46% to be of high need (Level 3).

**Figure 2. Proportions of children receiving each service level**



## WHO ARE THE CHILDREN AND FAMILIES RESIDING IN FAMILY SUPPORTIVE HOUSING?

### General demographic data from baseline Early Risers assessments

The average age of participating children was 8.1 years and 51% of the children were girls. More than half of the children (56%) were in kindergarten, first, or second grade, with 33% of the children in third through fifth grade, and just 11% in sixth grade or higher. The total number of children in participating families varied from one to five, and two thirds of the children in the study had at least one sibling from six to twelve years old also in the study. Mothers were on average 33 years old.

Average annual income was \$10,372, with only 7% of the families reporting an annual income of more than \$20,000.

A very high 98.5% of the families were single-parent headed households, and all of the single-parent families were female headed.

On average, parents had a high school education (11.98 years, SD=1.61).

Fifty percent of the families identified as African-American, 19% White, 20% multiracial, and 11% as other minority groups. Not surprisingly, given their formerly homeless status, children had moved on average more than twice in the 12 months prior to the study. More than one third of families reported having an open child protection case.

## CHILDREN'S LEARNING AND SCHOOL ADJUSTMENT

Several factors contribute to a child's capacity to learn. A child's intelligence quotient (IQ) is one factor in understanding the child's potential for academic accomplishments. Adversity is known to detrimentally affect IQ; nonetheless, within groups high in adversity, differences in IQ account for differences in academic and related skills. Although IQ is often assumed to be fixed, research shows that it is influenced by environment – a highly enriched early reading environment, for example, can increase a child's IQ, while physical abuse and neglect contribute to lower IQ scores.

A short IQ test was conducted with all children at the beginning of the study. On average, children had an IQ at the lower end of the average range. Average total IQ was 93 (where average IQ in the population is 100). Average performance IQ was higher (98) than average verbal IQ (89). On average, the children living in supportive housing and participating in this study had an IQ in the 35th percentile compared with other children their age (i.e., 65% of children would score higher than them.)

Not surprisingly, given the IQ scores and the children's history of mobility and adversity, one quarter of children had an Individualized Education Program (IEP) to address learning or other school challenges. Over 40% of the children had special services within the school setting to address an emotional or behavioral problem (EBD classification). About one fifth of the children had been suspended or expelled from school in the past year.

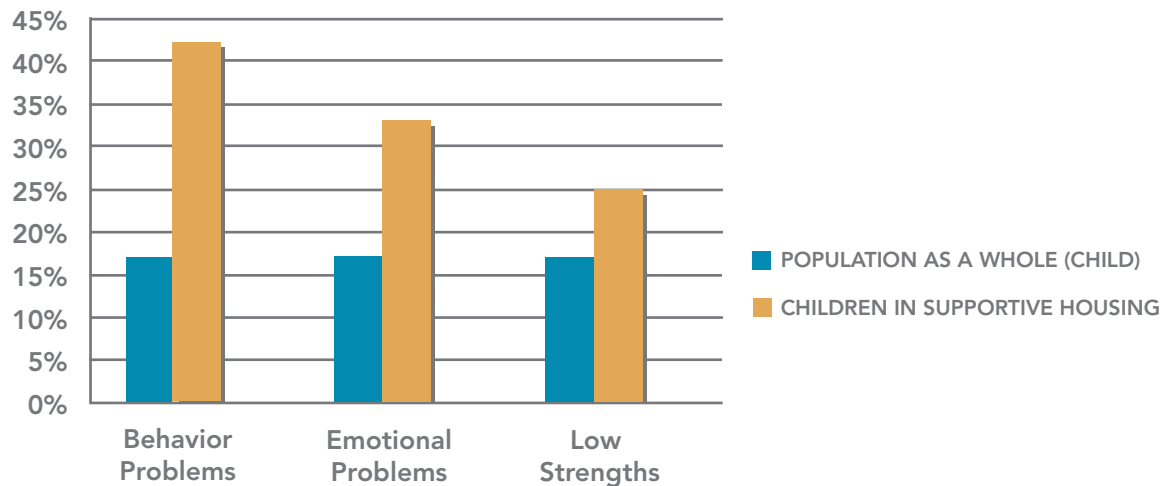
Children were also assessed on reading and mathematics level. Reading and math measures assess what children have learned (in contrast to IQ, which assesses cognitive potential, regardless of what has --or has not--been learned in school). On average, children scored below their same age peers (i.e., below average) on both reading and mathematics.

## CHILDREN'S BEHAVIORAL AND EMOTIONAL ADJUSTMENT

Both parents and teachers completed questionnaires regarding children's behavioral and emotional adjustment. Questionnaires included items asking about children's behavior problems and aggression (e.g., a respondent was asked to rate how much the child "argues when denied his/her own way," "bullies others," or "loses temper too easily.") The questionnaires also included items asking about children's worries, sadness, and depression (e.g., "worries about things that can't be changed," "is nervous," "worries about what other children think," etc.)

Overall, children were reported as having significantly more behavioral issues than other children their age. On teacher reports, 42% of the children had behavior problems that fell within the clinically significant range. Thirty-three percent of the children were reported to have emotional problems (depression and anxiety) within the clinical range. On teacher reports of interpersonal strengths, one quarter of the children were reported to be in the at-risk or clinically significant range for low strength (compared with 17% in a typical population.)

Figure 3: Teacher's report on emotional and behavioral adjustment



## MOTHER'S PARENTING

Mothers (nearly all parents were mothers) were asked about their parenting and their views of parent-child relationships using standardized questionnaires. Mothers were also observed with each child in the family aged five to 12 who was enrolled in the Early Risers study. Parent and child were asked to engage in problem-solving tasks, and to play a series of games. Parent, then child, selected a relevant 'hot' topic from a list of topics that commonly cause some parent-child conflict in the household (e.g., tidying bedroom, playing music too loudly; helping out around the house, etc). Parent and child were asked to sit together for five minutes (for each problem) and "figure out what the problem is and how to solve it." Following the two problem-solving discussions, mothers were asked to teach, and then play two games with their child: a guessing game, and a labyrinth three-dimensional maze. Finally, the parent was asked to help her child complete some Tangoes puzzles.

The goal of the family interaction tasks is to gather valid samples of family communication. The tasks are standardized and the problem solving tasks are commonly-used measures in family research. Several studies have demonstrated the limitations of parents' own report of parenting, compared with observational reports. In particular, a parent's report of her parenting practices is most likely to be associated with her report of her own adjustment and distress. Observational measures of parenting have been demonstrated as valid at predicting several elements of child and family functioning. (e.g., Forgatch and colleagues have shown parenting observations to be associated with teacher and parent reports of children's behavior, later arrests, child-reported drug use, and truancy; Forgatch et al., 2009.)

Videotapes were coded by one of the study's investigators and a team of graduate and undergraduate students who were trained in the specific coding system, a standardized coding system used in several studies of stressed families (e.g., Forgatch, Knutson, & Mayne, 1992). The coding system requires a coder to view the videotape and check the frequency and quality of specific behaviors and interactions, completing a several hundred-item questionnaire about the videotape. The questionnaires provide information on four core parenting practices: positive involvement, effective discipline, problem solving effectiveness, and effective teaching/skill encouragement, as well as an overall 'effective parenting' construct. Problem-solving, for example, is a score based on multiple coding items that have the coder record the extent to which the parent-child team described the problem, framed a positive goal to emerge from the discussion, discussed and considered various options or alternatives for solving the problem, and came to some resolution about the ways to solve the problem.

Coding and analysis of videotaped observations indicated average levels of involvement and discipline with children, and below average levels of family problem-solving. This is not surprising given the levels of family stress and histories of adversity of families in supportive housing. For example, there is research evidence from earlier studies to indicate that parental mental health is strongly

associated with problem-solving capacity; more distressed mothers showed poorer problem-solving. Given the high rates of self-reported maternal distress among this group, difficulties in family problem-solving are not surprising.

In addition to observed family interaction tasks, parents were also asked to report on how effective they felt in their parenting role. Mothers' reports of how effective they feel in the parenting role – 'parenting self-efficacy' were significantly associated with observed parenting effectiveness (the overall measure yielded from the observations). Observed parenting effectiveness in turn, was associated with better child adjustment. Thus, parents who were observed to be more effective at problem-solving, setting effective limits, and teaching/encouraging their children, had children who were reported to have fewer behavioral and emotional problems, and more strengths.

These findings (Gewirtz et al., in press) are consistent with research indicating the importance of parenting for children's healthy adjustment (e.g., Collins, Maccoby, Steinberg, Hetherington, & Bornstein, 2000.) The findings also show the importance of helping parents feel competent in the parenting role, or supporting parenting self-efficacy, in addition to teaching parenting skills.

## FAMILIES' HISTORIES OF EXPOSURE TO VIOLENT AND TRAUMATIC EVENTS

Much research has underscored the difficult histories of children in homeless families, and in particular, the high rates of exposure to traumatic events among both homeless mothers and their children. (Buckner, Beardslee & Bassuk, 2004). Traumatic events, which most commonly include abuse and neglect, and witnessing domestic and community violence, are, quite simply, bad for children's healthy development.

Dante Cicchetti, arguably the world's leading scholar of child maltreatment and development, and a professor at the University of Minnesota, has shown how maltreatment affects almost every domain of healthy development, including children's school functioning, intellectual capacities, relationship skills, self-control, and other critical tasks of childhood development (Cicchetti & Cohen, 2008; Cicchetti & Toth, 2009). A large body of research points similarly to the negative effects of exposure to domestic and community violence on children (e.g., Margolin & Gordis, 2000). In light of reports indicating the high prevalence of exposure to traumatic events among homeless families, the research team and the Center were interested in learning more about the traumatic events experienced by children in family supportive housing, as reported by both parents and their children.

This 'mini' research study was conducted separately from the regular Early Risers yearly assessments, during the third year of the study. Families enrolled in the Early Risers study were invited to participate in an interview about their families' histories of adversity and trauma exposure. Interviewers scheduled a convenient time to visit each family in their home, and children and parents were interviewed separately about their respective experiences of stressful events. Parents were asked about their children's exposure to stressful events (e.g., significant separations from parents or other caregivers; experience of death or illness of a caregiver; etc). Parents also were asked about their histories of abuse within intimate partner relationships. Children were asked about their experiences of stressful events. Both interviews were conducted using previously validated questionnaires used with diverse child and family populations.

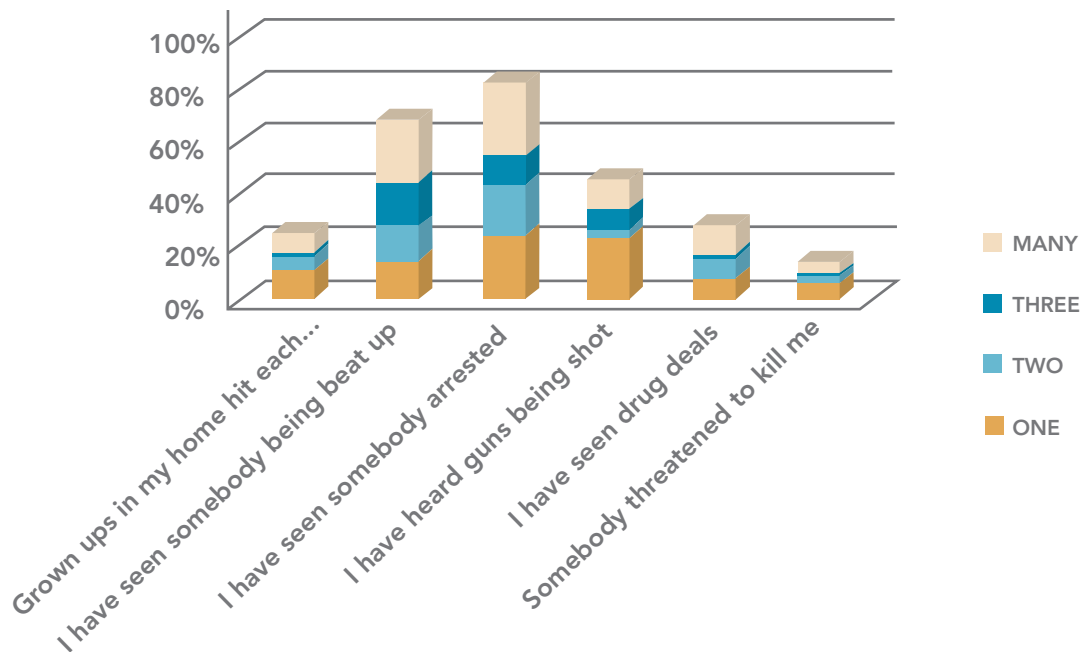
## CHILDREN'S EXPOSURE TO TRAUMATIC EVENTS

Children participating in the Early Risers study were asked about the traumatic events they had experienced using the *Things I Have Seen and Heard*, a simply worded interview that asks children whether and how often they have been exposed to a particular event. Children are asked to report only on events that they themselves have witnessed, not things they have seen or heard on TV, in movies, music or the Internet. The interview was administered to 122 children at a separate time from the rest of the assessments. At the same time as children were interviewed about their exposure to traumatic events, mothers were interviewed about their children's experiences, and about their own experience of domestic violence.

Children's reports on selected items are depicted in Figure 4, below. Ninety-eight percent of children reported having experienced at least one of the events listed in the *Things I have Seen and Heard*. The most commonly reported event was seeing somebody arrested, with more than four fifths of children reporting witnessing an arrest at least one time. More than a quarter of children reported having seen drug deals, and more than two thirds reported having seen somebody being beaten up. More than half of the

children reported that 'grown ups in my home yell at each other,' and 9% children reported that 'grown ups in my home threaten to stab or shoot each other.' One in twenty children reported having seen somebody in their home shot or stabbed; a similar one in twenty children reported having seen a dead body outside. More than one in twenty children reported that someone had threatened to stab them (6%) or shoot them (6%). Thirteen percent of children reported seeing a gun in their home, and 16% reported having seen drugs in their home.

**Figure 4 - Percent of children reporting experiencing specific traumatic events (colors represent # times each event was experienced)**



Since all the 122 children interviewed in this 'mini study' were part of the larger Early Risers study, we were able to review and compare these findings with data from regular yearly assessments. One of the regular assessments conducted each year is the "Levonn" interview. Developed and standardized along with the *Things I have Seen and Heard* among a diverse group of children in inner-city Washington, DC, the *Levonn* asks children to report how often they feel distress commonly associated with traumatic events.

Children are shown pictures of Levonn, a young boy of indeterminate race, and are asked how often they have felt like Levonn. For example, one item shows Levonn sitting in class, but looking out the window, with a distracted expression. The item reads "This is Levonn in class. He gets distracted from his work by little things that happen around him. How often does this happen to you?" In another item, children are shown another picture of Levonn, lying in bed at night. Children are asked: "Here are some drawings of Levonn in bed at night, having scary dreams. How many times do you have bad dreams that scare you?"

Not surprisingly, reports of exposure to multiple types of traumatic violence on the *Things I Have Seen and Heard* were associated with children's reports of trauma-related distress. Thus the greater the number of events reported by the child, the more distress symptoms the child reported on the *Levonn*. Although the *Levonn* is not a diagnostic tool, it assesses symptoms associated with post-traumatic stress disorder (PTSD), an anxiety disorder associated with exposure to traumatic events. PTSD symptoms in children include nightmares, avoidance of people and places that remind the child of the traumatic event, play that appears to be repetitive or compulsive (post-traumatic play), difficulty concentrating in school, temper tantrums, and difficulty managing emotions.

Most children exposed to traumatic events do not develop PTSD, but the likelihood of PTSD increases with increasing exposure to traumatic events, particularly events of an especially horrific nature (e.g., witnessing a murder.) In addition, research has shown that many children who have experienced traumatic events, display symptoms other than, or in addition to PTSD symptoms. These may include other anxiety symptoms that do not seem to be related to the traumatic event(s), acting-out or conduct problems, or depressive symptoms.

## MOTHER'S REPORTS OF DOMESTIC VIOLENCE

Almost three quarters of the mothers interviewed (72.5%) reported a history of domestic violence (i.e., having been in a physically abusive intimate partner relationship.) Forty-one percent of those reported being in a currently abusive relationship, and one third reported a history of sexual coercion in the past year (i.e., being forced into sexual acts against her will.) Twenty-two percent of women reported injuring a partner in the course of a dispute, and 17% reported being intentionally injured in an intimate relationship over the prior year.

Researchers compared mothers' reports of domestic violence with their children's reports of what children had witnessed. Mothers typically tend to underreport violence compared to their children; but in this group of mothers in family supportive housing, mothers reported proportionally more violence exposure than their children reported. Twenty-seven percent of children reported seeing "grownups in my home hit each other" at least once, yet over 60% of mothers reported that their child had witnessed domestic violence at least once in his/her lifetime.

There may be several reasons for this unusual discrepancy between parent and child report. The relatively high rates of service utilization among families in supportive housing suggest that mothers may have already had an opportunity to disclose domestic violence, and therefore it may not be as taboo in this group as compared with regularly-housed families who have not sought social services. In addition, single-site supportive housing offers an element of communal living – in which families tend to have less privacy, which may lead to fewer barriers and stigma associated with talking about domestic violence, particularly given the high prevalence of domestic violence exposure among mothers living in supportive housing.

## WHO ARE THE RESILIENT CHILDREN IN SUPPORTIVE HOUSING?

Research on high-risk children has shown that some children living in highly adverse conditions thrive despite the challenges. These children have been called 'resilient,' 'invulnerable,' and even 'invincible'. Ann Masten, a leading resilience researcher and professor of child development at the University of Minnesota, has termed resilience, 'ordinary magic.' Regular developmental processes, inherent in every child and to a greater or lesser degree in her environment, are associated with resilience.

Researchers were interested in learning more about the children in supportive housing who, despite their histories of adverse experiences, poverty and homelessness, are succeeding.

Researchers define children as 'resilient' if they are functioning within the normal range on teacher-rated school social adjustment, behavioral functioning, and school academic achievement (teacher ratings of children's reading and math competence). Based on this, 10% of the children participating in the study were 'doing okay' across these three domains of functioning, with 90% of children displaying problems in one or more domains (school adjustment, math/reading, behavior problems).

On the ACES, a teacher report of academic achievement in reading and math, only 24 children (17% of the participants) scored at least average on the report (50th percentile or higher). Of those 24 children, 17 met criteria for 'resilient' across domains – that is, were also performing "OK" on social and behavioral adjustment measures.

Resilient children did not differ from their non-resilient counterparts on parent-reports of parenting. However, they did differ on measures of intelligence: IQ scores among the small resilient group were on average 15 points higher than scores among the group displaying some problems (average IQ of 107 compared with 92). In addition, the mothers of the resilient children were significantly less likely to be clinically distressed than the larger group of children showing some difficulties. On the Global Symptom Index of the Brief Symptom Inventory, a measure of past week distress, twice as many mothers of children with some difficulties (35%) showed clinically significant distress compared with mothers of children in the resilient group (17%).

## HOW DO FAMILIES IN SUPPORTIVE HOUSING COMPARE TO LOCAL LOW-INCOME HOUSED FAMILIES ON ADJUSTMENT AND SERVICE UTILIZATION INDICES?

Early Risers has been implemented in school settings in a number of prior studies with families in both suburban and urban Twin Cities metropolitan areas. In one study based in Minneapolis, children were recruited to Early Risers by their teachers who were concerned about early aggressive behavior. The University research team collaborated with Pillsbury United Communities to assess the program's effectiveness in Minneapolis with a diverse group of six to eight year old children. The existence of this prior study enabled us to compare the Supportive Housing Provider Group children who participated in the Early Risers study with a group of same-aged housed children who had been assessed using the same measures just two to three years previously. Because the earlier study recruited only children of early elementary age, we selected a subgroup of 111 children in the Supportive Housing Provider Group - Early Risers project.

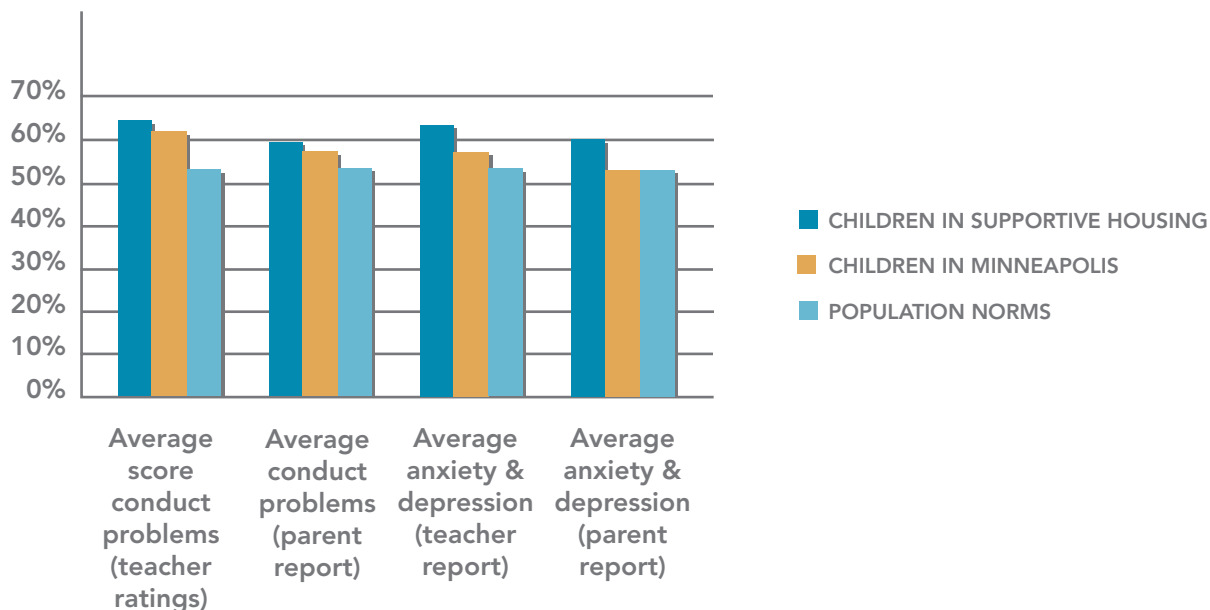
The important difference to note between the two study populations was that the supportive housing families were invited to participate in Early Risers because of the disadvantages associated with homelessness, not because, as with the Pillsbury study, the children had been identified by teachers as having risks associated with challenging classroom behaviors.

The children and their families were compared on a number of indicators. Not surprisingly, the families in supportive housing had significantly lower incomes than the housed families, and had moved, on average, more than twice as much in the past year as the housed families; they were also much more likely to be single-parent families. The housed families were more likely to have boys participating in the study (not surprising, since boys are more frequently identified as having behavior problems in the classroom than girls), they were also more likely to be minorities (9% Caucasian, compared with 19% Caucasian in the supportive housing group).

As shown in Figure 5, the children in the two groups looked strikingly similar on teachers' ratings of their adjustment. On the Behavioral Assessment Scale for Children, version 2, a well-known measure of child adjustment, teachers rated both the housed, behaviorally-challenged children, and the formerly homeless children as having behavior problems in the at-risk, or elevated range, on average.

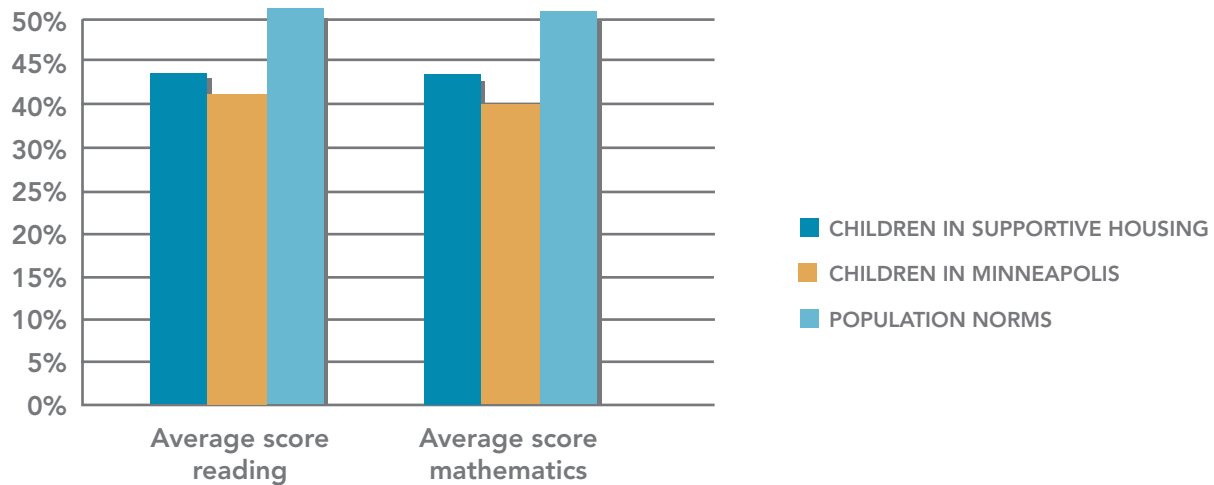
On parent ratings of behavior and emotional functioning, however, the children showed significant differences. Parents in supportive housing rated their children as having more behavior and emotional problems than did housed parents, with the supportive housing residents more often in agreement with teacher ratings. There are several possible reasons for this: first, residents in supportive housing utilized far more social services than housed families, and may be more familiar with and attuned to their children's needs. There also is research evidence to suggest that parents who struggle with their own mental health needs are more likely to rate their children more negatively than other parents.

**Figure 5: Teacher reports on the Behavioral Assessment Scale**



Teachers also rated the two groups of children on reading and mathematics (see Figure 5), using another standardized, well-used measure, the Academic Competence Evaluation Scales (ACES). Children living in supportive housing were rated as doing significantly better in both reading and mathematics than their same aged housed peers, suggesting that after-school and homework help activities offered by the Early Risers program at the supportive housing sites may really be helping children keep up in school. Despite this encouraging finding, both groups of children scored below grade average in both reading and mathematics.

**Figure 6. Teacher Ratings on the Academic Competence Evaluation Scale (ACES)**



## MOTHERS' REPORTS OF THEIR OWN MENTAL HEALTH AND PARENTING

Mothers in both groups (housed and supportive housing) reported on their mental health symptoms via a standardized, well-validated questionnaire (the Brief Symptom Inventory). Mothers residing in supportive housing reported significantly higher rates of past-week mental health symptoms, on average, than housed mothers, on multiple symptoms including anxiety and depression.

On self-reports of parenting, however, housed and formerly homeless mothers reported no differences in involvement, discipline, communication, or attachment with their children. However, mothers in supportive housing reported significantly less confidence in their parenting, and more frustration. Given the higher rates of child protection involvement in the families in supportive housing, these findings are not surprising.

## UTILIZATION OF SERVICES

We compared both the housed and the formerly homeless groups of families on several indicators of both parent and child service utilization (see Table 1). We predicted that families in supportive housing would have greater access to services, and would therefore have utilized more services, and indeed, in almost every arena, families in supportive housing showed greater service utilization than low-income housed families. For example, while less than one in five of the housed families had accessed employment assistance in the prior year, almost 40% of the families in supportive housing had done so. Only 1% of the housed families had accessed vocational assistance, but 13% of the families in supportive housing had done so.

Both adults and children in supportive housing were significantly more likely to have accessed medical services in the prior year (95% vs. 72% adults, and 88% vs. 70% children).

Strikingly, caregivers in supportive housing had accessed adult mental health services at more than six times the rate of housed families during the prior year (56% vs. 9%). More than one quarter of the families in supportive housing had accessed substance use treatment over the prior year, compared with none of the housed families, and more than half of the supportive housing families had received medication for emotional issues in the prior year, compared with only one in ten of the housed families.

Both parents and children in supportive housing accessed community clubs and education services at two to three times the rate of housed families. For example, more than half of the families in supportive housing had participated in a church in the prior year, compared with just over one third of housed families. Only one in six housed children had participated in a social club in the prior year, compared with more than one in three children in supportive housing.

Not surprisingly, families in supportive housing also participated in child protection and children’s mental health at far higher rates than the low-income housed families. Only 6% of the housed families reported prior year child protection involvement, compared with 16% of supportive housing families (i.e., 2.5 times greater.) Almost one third of the children in supportive housing had used mental health services in the prior year, compared with less than one in ten of the housed children.

**Table 1. Parent and Child Service Utilization (%) in the Past Year**

Service	Supportive Housing Group	Minneapolis Housed Early Risers Group
Financial Assistance	86%	49%
Housing Utilities	51%	31%
Educational Assistance	29%	9%
Employment Assistance	39%	18%
Vocational Assistance	13%	1%
Adult Mental Health	56%	9%
Individual	60%	8%
Family	29%	3%
Substance Use	26%	0%
Gambling	1%	0%
Medication for Emotional Issues	52%	10%
Medical Service	95%	72%
Club/Group	61%	28%
Weight Loss	7%	3%
Education	24%	8%
Social Clubs	37%	16%
Church	55%	39%
Sports	19%	15%
Child Protection	16%	6%
Case Management	27%	6%
Child Mental Health	30%	9%
Medical Service	88%	70%

All comparisons are significant, except for sports participation and weight-loss counseling.

## CONCLUSIONS AND RECOMMENDATIONS:

The information provided by the ER-Supportive Housing Provider Group project gives the first comprehensive descriptions of children and families living in supportive housing. These portraits suggest that families come to supportive housing with extensive histories of adversity and trauma, in addition to their high mobility and homeless status. These findings are consistent with earlier research on families experiencing homelessness (e.g. Buckner & Bassuk, 1997; Masten et al, 1993) and suggest that supports and services are greatly needed by this group of families. There is increasing attention to the evidence that homeless families (parents and children) have high levels of exposure to traumatic events, which have important implications for both policy and practice.

From a policy and practice perspective, awareness of extensive trauma exposure among homeless families requires trauma-informed intervention and policy approaches, which are new to service systems, but of increasing interest across the country (see [www.nctsn.org](http://www.nctsn.org)). Similarly, interventions have been adapted to enable providers of services to homeless children and families implement skills necessary to provide trauma-informed approaches (NCTSN, [www.NCTSN.org](http://www.NCTSN.org)).

The data reported upon here indicate that while children are struggling in many domains, there is heterogeneity in functioning. Many children are not at grade level in reading and math, but some are. A large minority of children are reported to have significant behavioral problems, but most are not.

Parenting matters for formerly homeless children: parents rated as more effective have children with more interpersonal strengths and fewer difficulties. And supportive housing appears to be successful in linking families with a variety of needed social services and supports. In particular, though they are still below grade average for reading and math, children in supportive housing scored higher than comparison housed children in a Minneapolis Early Risers program, possibly indicating that connections to afterschool and other academic programming is helping children who were homeless.

Helping formerly homeless children succeed in school is of particular importance. Academic competence provides not only literacy and key life skills, but also an important source of self-esteem for children. Social skills – the capacity to get along with other adults and children – are also critical for healthy childhood.

And finally, the capacity to meet key developmental tasks in childhood is predicated on children's learning self-regulation: understanding the rules, taking turns, learning the consequences of one's actions, and learning to plan, delay gratification, and carry out increasingly complex tasks. Early adversity is associated with difficulties in self-regulation, and increased risk for emotional and behavioral problems. However, effective parenting can mitigate these risks, and others.

Effective family-based, school-based, and community/housing-based services can promote child and family resilience. The goal of Early Risers is to examine whether a comprehensive prevention program in supportive housing can promote resilience by addressing the risk factors addressed above. Over the next few years, the study data gathered will enable an examination of the effectiveness of this program.

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**“We CAN make a difference! Children who overcome adversity have more protective factors in their lives. Supportive housing programs promote resilience by nurturing security, relationships, opportunities and hope for children and families.”**

**— Ann Masten, Ph.D., Director of the Institute of Child Development, University of Minnesota**

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**About the Author:** Abigail Gewirtz, Ph.D., L.P. , is a Consultant- Assistant Professor in the Department of Family Social Science and the Institute of Child Development at the University of Minnesota. Dr. Gewirtz's research focuses on implementation and dissemination of evidence-based prevention interventions, especially those focusing on parenting of children exposed to violence, homelessness and related traumatic stressors. She is Principal Investigator/Project Director for Ambit Network (formerly MN Child Response Center), a SAMHSA/National Child Traumatic Stress Network Community Services and Treatment center focusing on the implementation of evidence-based interventions for traumatized school-aged children and their parents. She also is co-investigator with Dr. Gerald August on an NIMH-funded effectiveness trial of the Early Risers prevention intervention in family supportive housing. Dr. Gewirtz has written and presented widely at both the local and national level on traumatic stress, prevention and intervention for high-risk children.

## Supportive Housing Provider Group

The Supportive Housing Provider Group gives priority to identifying and addressing the needs of children living in supportive housing. The Provider Group aims to give childhood back to children who have experienced the trauma and dislocation of homelessness and aims to break the cycle of homelessness from one generation to the next and brings the voices of homeless families and their children to the community's attention.

## Provider Group Partners

Breaking Free, Inc.  
Dakota Woodlands  
East Metro Women's Council  
Emma Norton Services (Emma's Place)  
Indigenous People's Task Force  
Jeremiah Program  
Lutheran Social Services  
MN Indian Women's Resource Center  
Model Cities, Inc  
New Foundations, Inc  
Perspectives, Inc.  
RS Eden  
Simpson Housing Services  
Tubman Family Alliance  
Wayside House, Inc.  
Wilder (Jackson Street Village)  
YWCA of St. Paul

For a pdf copy this report please visit our website at [familysupportivehousingcenter.org](http://familysupportivehousingcenter.org)

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