



WHO ARE THE RESILIENT CHILDREN IN FAMILY SUPPORTIVE HOUSING?

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

December 2009

Abstract: This report documents findings from the Early Risers study of families living in supportive housing examining resilience among formerly homeless children. Children defined as resilient were those who were rated to be average on reading and mathematics compared to grade-level peers, and to be within the average range on social, emotional, and behavioral adjustment. These 'resilient' children were 10% of the total sample of children in the Early Risers study. A comparison of these children with their non-resilient, or struggling peers, indicated that resilient children had significantly higher IQ scores, and that they and their parents indicated fewer traumatic past experiences than other children and parents. Moreover, parents of resilient children were observed to be more effective in interacting with their children, and reported less psychiatric distress. Implications and strategies to support and promote resilience are suggested. This is the second of a series of reports sponsored by the Family Housing Fund and the Early Risers/Supportive Housing Project:

Supporting Children's Potential and Resilience: A Community/University Partnership, published October 2009

Exposure to Violence Among Children in Supportive Housing, published December 2009

Early Risers: Year One Results (Spring, 2010)

Early Risers: Year Two Results (Summer, 2010)

Early Risers: The Conclusion (Fall, 2010)

ACKNOWLEDGEMENTS

Author: Abi Gewirtz, Ph.D., L.P.

Contributors: Ellen Hart-Shegos, Beth Haukebo

Editors: Pam Zagaria, Shawna Nelsen, Barbara K. Olson

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

© Family Housing Fund October, 2009

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, Ph.D.

Teretha Glass-Kelly

Ashley Graf

Beth Haukebo

Kelly Henriksen

Bonnie Klimes-Dougan, Ph.D.

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: Bigelow Foundation, Bush 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, Travelers.



Family Supportive
Housing Center LLC

TABLE OF CONTENTS:

WHO ARE THE RESILIENT CHILDREN IN FAMILY SUPPORTIVE HOUSING?.....1
INTRODUCTION.....1
WHAT IS RESILIENCE? WHAT DOES RESEARCH TELL US ABOUT OUR CHILDREN’S RESILIENCE?.....2
THE STATUS OF CHILDREN IN SUPPORTIVE HOUSING.....2

METHODOLOGY.....3

FINDINGS.....4
WHAT FACTORS ARE ASSOCIATED WITH RESILIENCE?.....4
WHY IS IT IMPORTANT TO STUDY RESILIENCE IN HIGH-RISK CHILDREN?.....6
HOW CAN WE SUPPORT AND PROMOTE RESILIENCE IN CHILDREN LIVING IN FAMILY SUPPORTIVE HOUSING?.....6

FURTHER READING.....7
AUTHOR BIO.....7
END NOTES.....7



WHO ARE THE RESILIENT CHILDREN IN FAMILY SUPPORTIVE HOUSING?

Introduction

This report, and others in the series published by the Family Supportive Housing Center, is an effort to reduce the gap between research and application and share information that may assist supportive housing sponsors, community partners, funders and policy makers better understand and address the needs of children who have experienced homelessness.

The past two decades have 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.

In 2006, the Family Housing Fund, its subsidiary, the Family Supportive Housing Center, LLC, and a group of supportive housing providers called the Twin Cities Supportive Housing Provider Group partnered with the University of Minnesota to examine and respond to the psychosocial needs of homeless children and to provide nationally recognized evidence-based prevention programming.

The project, Early Risers, included a look at resilience among these children. The report shares the results of this research and recommendations for supporting children's resilience in family supportive housing. For more information about the Early Risers/Family Supportive Housing project and previous reports, please go to www.family-supportive-housing-center.org/research-and-discovery/early-risers-report.

.....

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.

.....

What is resilience? And, what does research tell us about children's resilience?

Resilience is defined as "doing OK" in a high adversity environment.

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.

In earlier studies of resilience, researchers reported that about one third of children living under high-risk conditions were resilient – that is, despite their stressful situations, they were "doing OK" in school, at home, and with friends. However, the greater the number of stressors faced by children, the lesser the likelihood of resilience. Simply put, children are less likely to thrive as conditions grow more stressful and, particularly, as conditions become catastrophic. Resilience research has focused on generally disadvantaged children; there is very little information about resilient children in homeless or formerly homeless families.

The Status of Children in Supportive Housing

The information provided by the ER-Supportive Housing Provider Group study 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. Increasing attention to evidence that homeless families have high levels of exposure to traumatic events has important implications for both policy and practice.

Despite the large proportion of children in the study who were struggling in one domain or another (behavioral adjustment, emotional functioning, academic achievement), 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. Studying these children in more depth may help us to better understand how to recognize and support resilience for many more children.

"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. Studying these children in more depth may help us to better understand how to recognize and support resilience."

In our companion report , Supporting Children's Potential and Resilience, October 2009 (www.familysupportivehousingcenter.org/research-and-discovery/early-risers-report), we document the kinds of life stressors faced by children in supportive housing. Results from that study indicated that children residing in supportive housing with their families have experienced, on average, multiple and severe stressors. 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. A significant minority had been involved in the child welfare system.

Children were notably affected by these stressors. Reading, math, overall school performance, and IQ were lower than same-age peers. Reports of behavioral and emotional problems by teachers were high, and forty percent of the children were reported to receive special education services in school.

Mothers in the study reported higher levels of distress than mothers in the general population. Observations of their 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 - having more strengths, and fewer behavioral and emotional problems.

"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.
PROFESSOR, INSTITUTE OF
CHILD DEVELOPMENT,
UNIVERSITY OF MINNESOTA**

METHODOLOGY

A study within a study: This report is a subset of a larger ongoing research project, The Early Risers-Supportive Housing Provider Group (ER-SHP) project, funded by a National Institute of Mental Health grant to Gerald J. August, and co-investigators Abigail Gewirtz and George Realmuto at the University of Minnesota. The ER-SHP consists of data gathered over a four-year period for over two hundred children residing with their families in supportive housing sponsored by members of the Supportive Housing Provider Group.

For each year of the study (2006 – present), trained research assistants from the University of Minnesota conducted interviews with children, parents and teachers and observed children and their parents in family interaction tasks, such as solving problems and playing games together.

Each year, researchers sent questionnaires to each child’s teacher and gathered data on each child’s learning (IQ, reading, math, school functioning, and special education placement) and each child’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), her views on parenting and the parent-child relationship, her demographic information (e.g., income), and her utilization of a variety of services, including social and welfare services, and community, job and educational services.

Finally, a videotape with each parent and child recorded a 25-minute family interaction (including a set of problem-solving discussions and a series of games) intended to assess parenting practices.

Once these assessments were complete, an advocate assigned to each family made three to four home visits over the first few months of the program in order to get to know them, to assess their needs, and to tailor a program to meet those needs, 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 focus on resilience: We began our study by first further defining “resilient children” as those “who were functioning within the normal range on teacher-related school social adjustment, on behavioral functioning, and on reading and math.”

Our methodology in evaluating resilience came from a very dynamic assessment process tied to the intent of the Early Risers project: support the resilience of formerly homeless children through prevention strategies that strengthen psychosocial outcomes. As a result the process leveraged a wide variety of sources: clinical assessments, teacher assessments, parent feedback, and observational assessments. We were able to draw a picture that could be confirmed by a number of perspectives closest to the children, by other empirical, objective data, and by previously published research and documentation.

We began with a focus on baseline parent assessments, including their observations of their children, their history of parenting, their mental health, a measure of their recent distress levels, and a history of their children’s adverse and traumatic experiences, and an observational measure of parenting. The process expanded to include a number of teacher assessments (see endnotes) and children’s performance on the Kaufman Brief Intelligence Test (K-BIT).





FINDINGS

Again, using a definition of resilience that focuses on three domains of function-teacher-related school adjustment, behavioral functioning, and math/reading – we learned that 10% of the children participating in the study were “doing OK,” with 90% of the children displaying problems in at least one domain.

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, they were performing “OK” on social and behavioral adjustment measures as well.

What Factors are Associated with Resilience?

Intelligence matters: Findings indicated that, as expected, resilient and struggling children differed 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 (an average IQ of 107 compared with 92). IQ is an important indicator of a child’s aptitude and intellectual potential associated with a range of subsequent outcomes (e.g. school performance, job performance). While IQ is fairly stable, we do know that it is negatively affected by environmental toxins associated with poverty – such as lead poisoning, and exposure to violence. While it is important to note that the average IQs of both the resilient and the struggling group fall within the population average range of 85-115, the higher IQs of the resilient group place them at around the 68th percentile with the struggling group’s mean IQ at the 30th percentile (i.e. 70% of children their age have higher IQ scores). In comparison the population average at the 50th percentile, 66% of the population have IQs that fall within the 85-115 range, 98% population having IQs between 70-130).

Parenting matters: Resilient children also differed from their struggling counterparts in their parenting and parental adjustment. While resilient children did not differ from their non-resilient counterparts on parent-reports of parenting, investigators observed mothers of the resilient to be more effective parents. They were positively involved with their children, used encouragement in teaching their children new skills, and set limits effectively when necessary. They appeared more effective at problem-solving with their children, talking through challenges with them and helping them to find effective solutions to everyday problems. In observed problem-solving tasks, effective mothers were less likely to use coercive tactics with their children (nagging, threatening,

.....
Mothers of children in the resilient group reported that their children witnessed significantly less domestic violence than mothers of struggling children.
.....

belittling) and more likely to display warmth combined with firmness. In addition, mothers of the resilient children were significantly less likely to be clinically distressed than were the mothers 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%).

.....
Resilient children reported having witnessed fewer traumatic events than other children.
.....

Trauma matters: We also compared the resilient children with their struggling peers on their lifetime histories of stressful and traumatic experiences. Resilient children reported having witnessed fewer traumatic events than other children. Their mothers reported these children had witnessed significantly less domestic violence than that reported by the mothers of the struggling children. Mothers of the resilient also reported fewer separations from their children (of more than one week, not including vacations) than did mothers of the struggling group.

Family size matters: Resilient children were also significantly less likely to live in homes with multiple siblings. On average, resilient children lived with only one sibling, whereas struggling children lived with two or more. Not surprisingly, resilient children were judged as needing lower levels of prevention programming than their struggling peers (with 40% in the lowest need category, compared with just 6% of the struggling).

These results are consistent with findings from earlier studies of resilience across the nation, which have found key correlates of resilience (*factors at different levels within children's environments*) that influence the likelihood of children showing resilience. These include:

- Intellectual ability or potential, as measured by IQ, is an example of a factor within the individual child that affects the child's capacity to learn, solve problems, and master new skills. Intellectual capacity is partly biologically determined, but it also is influenced by parenting and other aspects of the child's social environment. For example, parents' education level moderates the impact of genetics on a child's IQ. It is the combination of parent education and genetics that predicts child IQ, not simply genetics alone.
- Effective parenting, and/or strong adult role models protect children in adverse environments by minimizing their exposure to toxic experiences, such as violence, and by providing the routine, structure, consistency, and safety children need to feel secure, to develop self-control and to maximize their learning.
- In a study of children growing up in risky environments on the island of Kauai, findings showed that resilient children grew up in households with fewer children and thus had more opportunities for adult attention.

Importantly, the data reported here are cross-sectional, or baseline data. That is, they report the concurrent associations of children's healthy adjustment, or resilience, with other factors in their lives. Research suggests that resilience is not a static ("you either have it or you don't") but a dynamic process that unfolds across development. Thus, children who are struggling at one point in time may have opportunities for resilience later on, as a result of either prevention interventions, or protective processes in their environments. Children in the Early Risers study and their families will be followed over four years (through 2010), with yearly assessments monitoring progress and adjustment.



Why is it Important to Study Resilience in High-Risk Children?

Understanding what factors are associated with resilience in high-risk children can help to inform the development and implementation of programs and policies to promote it. The finding that parenting is a critical correlate of resilience, for example, indicates that programs to support and improve parenting can have a powerful impact on children's wellbeing and resilience. Indeed, empirically supported parenting interventions can have profound effects that go far beyond simply improving parenting. In one study examining the effects of a simple 14 week parenting intervention, results indicated a cascading effect, which included not only reductions in parental depression and children's behavioral problems, truancy, and drug use, but also improved wages and standards of living for families.

How Can we Support and Promote Resilience in Children Living in Family Supportive Housing?

Strategies to promote resilience in children fall into three categories – those that minimize children's exposure to risks, those that add resources in their lives, and those that support processes that are key to resilience. Each is relevant to families living in supportive housing, for example:

Reduce risks associated with impairments in IQ. One example of a risk that leads to IQ damage and other aspects of brain development is lead exposure. If identified early, lead poisoning can be reversed with medical treatment. Ensuring that children get well-child check ups that include lead screenings and ensuring that families live in safe, lead-free housing are both powerful ways to reduce risks to development.

Provide children with public health protections: We can ensure that they are immunized (arguably the most powerful public health prevention tool) have car seats, use seat belts, and breathe clean air at home. Supportive housing provides an excellent opportunity to incorporate such risk-reduction strategies into policies and programming. Evidence indicates that supportive housing providers do prioritize helping families access healthcare.

Add assets in children's lives to support literacy and other aspects of cognitive development. Resources can include books, libraries, book clubs, homework help, and related activities.

Provide stable housing. Arguably the most important asset-focused strategy for homeless families, family supportive housing promotes resilience by providing a foundation of stability (through housing subsidies and case management) for families. Similarly, programs and policies that support educational stability contribute to that critical foundation (e.g. those supporting homeless children to remain in their "home" schools even if they move out of the area).

Support the processes that promote resilience. Effective parenting is both an asset to children, and an important process for their healthy development. Evidence-based parenting interventions (those that have been proven to enhance parenting) can be powerful supports for stressed parents in supportive housing.

Use other process-focused interventions . Use the mastery-motivation system, a key human adaptation system that enables individuals to pursue and accomplish educational, occupational, and other activities. Mastery of a task (e.g. reading) enables children to feel motivated to continue to persist and accomplish key tasks. Similarly, self-efficacy (feeling competent and effective in a given area) results from having accomplished or mastered a particular skill or task and results in further motivation to continue to achieve and accomplish. Afterschool programs that teach social and emotional skills, such as conflict resolution and self-control, enable children to feel more effective in various contexts.

Programs that combine academic and social skills enable children not only to do better and feel more effective at school; they also give them the tools to express themselves appropriately and do better in social situations, improving their self-esteem.



REFERENCES/CITATIONS/BIBLIOGRAPHY AND FURTHER READING:

Delaney-Black V, Covington C, Ondersma SJ, Nordstrom-Klee B, Templin T, Ager J, Janisse J, Sokol RJ. (2002). Violence exposure, trauma, and IQ and/or reading deficits among urban children. *Archives of Pediatric and Adolescent Medicine*, 156, 280-285.

Forgatch MS, DeGarmo DS. (1999). Parenting through change: An effective prevention program for single mothers. *Journal of Consulting and Clinical Psychology*, 67:711–724

Forgatch Marion S; Patterson Gerald R; Degarmo David S; Beldavs Zintars G. (2009). Testing the Oregon delinquency model with 9-year follow-up of the Oregon Divorce Study. *Development and psychopathology*, 21, 637-60.

NL Kaufman, 1990. Kaufman Brief Intelligence Test: KBIT. AGS, American Guidance Service

Luthar, S. S. (Ed.). (2003). *Resilience and vulnerability: Adaptation in the context of childhood adversities*. New York: Cambridge University Press.

Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist*, 56, 227-238.

Masten, A., & Gewirtz, A. (2006). Vulnerability and Resilience. In, Deborah Philips & Kathleen McCartney, (Eds.). *Blackwell Handbook of Early Childhood Development*, Oxford, England: Blackwell Publishing.

Masten, A. S., & Gewirtz, A. H. (2006). Resilience in development: The importance of early childhood. In Tremblay, R. E., Barr, R. G., Peters, R. DeV., eds. *Encyclopedia on Early Childhood Development* (online). Montreal, Quebec: Centre of Excellence for Early Childhood Development; 2006: 1-6. Available at: <http://www.excellence-earlychildhood.ca/documents/Masten-GewirtzANGxp.pdf>.

Ramey, C. T., & Ramey, S. L. (1998). Early intervention and early experience. *American Psychologist*, 53, 109-120.

About the Author: Abigail Gewirtz, Ph.D., L.P., is a Consultant and 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.

End Notes:

ⁱ The Academic Competence Evaluation Scales (ACES), which asks the teacher to rate the child's reading and mathematics skills; The Behavioral Assessment Scale for Children (BASC), which asks the teacher to rate the child's social adjustment; and The Behavioral and Emotional Rating Scale – 2 (BERS-2), which documents behavioral and emotional competencies, or strengths.

ⁱⁱ Global Symptom Index of the Brief Symptom Inventory

About the 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

To access this report please visit our website at www.familysupportivehousingcenter.org

For more information contact

Family Supportive Housing Center LLC
871 Jefferson Ave. St Paul, MN 55102
tel 651.287.3074
fax 651.224.5546



the visible child
children • family • community



**Family Supportive
Housing Center LLC**