Collaboration to Promote Early Childhood Well Being in Families Experiencing Homelessness: A Pilot Inter-Agency Model

DukeHealth

Duke CENTER for CHILD and FAMILY POLICY

Families Moving Forward™

CENTER FOR CHILD & FAMILY HEALTH

Exchange Family Center

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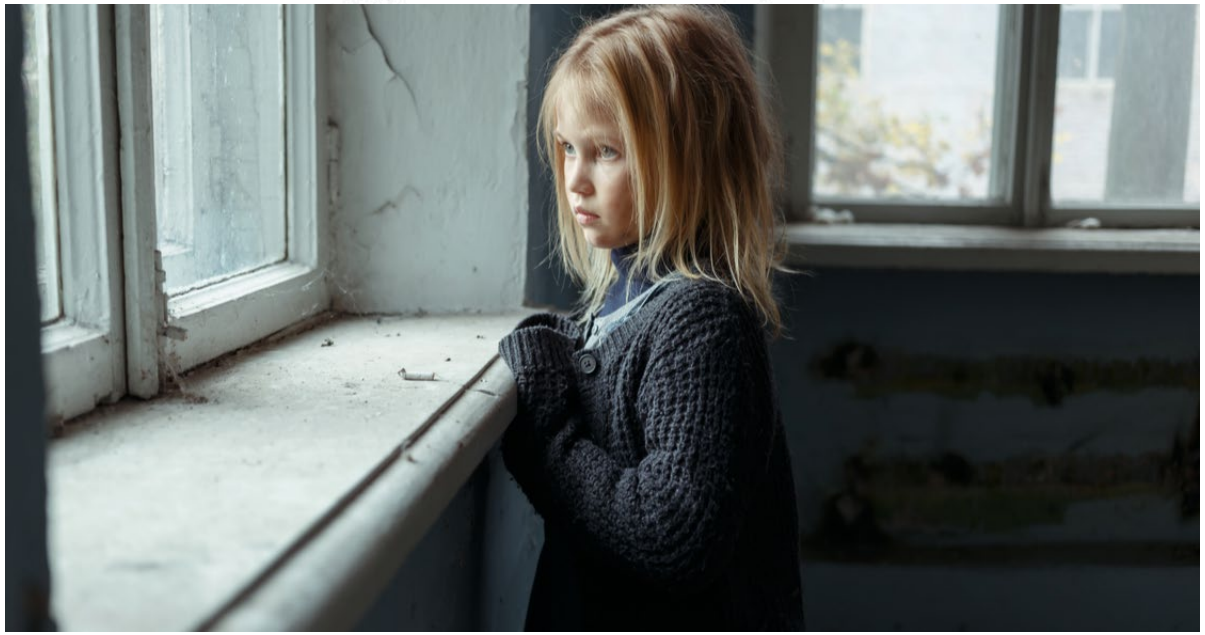
Overview: Young children and homelessness

- Children represent 59% of all individuals experiencing homelessness within families (Doherty, 2018)
- Almost half of children who are homeless are under the age of 5 (Child Trends, 2015)



Overview: Well-being of young children and families experiencing homelessness

- Vulnerable to mental health problems, developmental delays, and traumatic stress related to later physical and emotional/behavioral problems (Herbers et al., 2014)
- Need for support from parents, yet homeless parents face numerous challenges to providing sensitive, responsive care (Haskett et al., 2016)
  - Parents own stress/trauma, mental health, and health literacy (DeSantis & Hayes, 2016; DeWalt & Hink, 2009)
  - Shelter environment challenges
- Little empirical research on effective parent and health behavior program in shelters

Overview: Durham, NC

- Families account for 28% of the 1,200 homeless population in Durham
- Rapid growth new-comers with income $10K more a year than average current resident.
- Competitive housing market – buy below their means – gentrification
  - Median sale price $168,000 to $258,000 in past 5 years
- Need for affordable housing and services for families homeless or at risk for homelessness – evictions are twice the state level

Overview: The current study

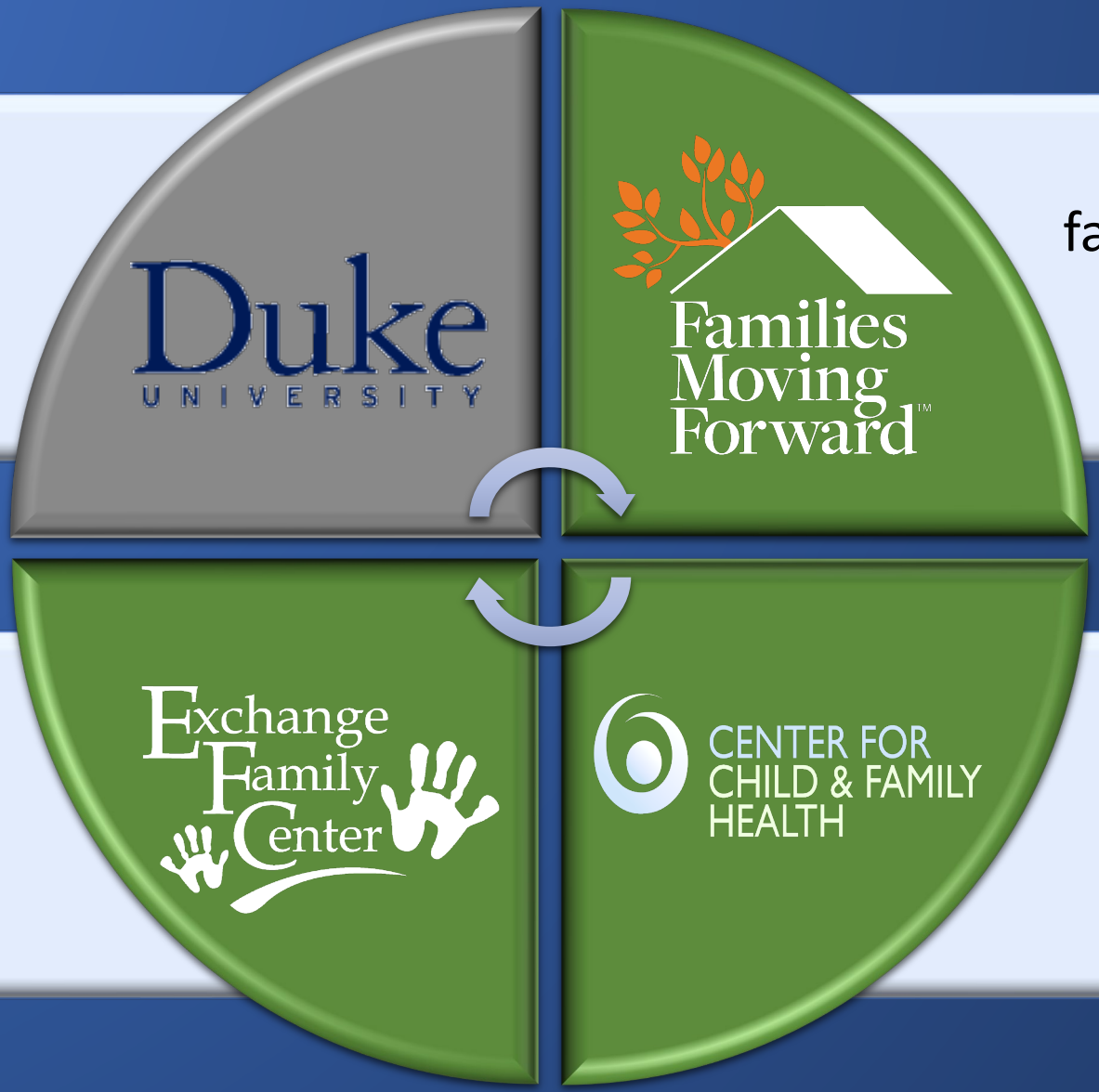
- Pilot study in one shelter for homeless families in Durham, NC testing an integrated, two-generation, interdisciplinary approach to supporting young children's well-being

- Rationale: Interventions that produce short-term changes in parent health literacy, parenting practices, and, child socioemotional development could lead to longer-term improvements in child social-emotional, cognitive (self-regulation), health, and academic functioning.

Community Partners

Schools of Nursing, Medicine, and Public Policy

Temporary home to families with children in the crisis of homelessness



Support and training to families to reduce child abuse and neglect

Community-based practice and academic excellence to address childhood trauma

Objective and Aims

- Objective: To test the implementation of 3 interventions with families of children ages birth to 48 months who reside in a shelter setting:
  - Healthy Homes
  - Attachment & Biobehavioral Catch-up (ABC)
  - HealthySteps
- Aims:
  - To examine the feasibility of conducting evidence-based and promising practices in a shelter environment
  - To examine short-term outcomes including changes in parent health literacy, parenting practices, and child socioemotional development.

Design and Procedures: Healthy Home

Develop evidence-based health literacy curriculum based on competencies of understanding health information

1. Health promotion
2. Disease prevention
3. Emotional/mental health
4. Health care utilization

Topics:
Health Home
Nutrition
Exercise
Mental Health

Five 4-week sessions lead by BSN nursing Students to groups of 6-8 moms

Design and Procedures: Attachment and Biobehavioral Catch-up

- Target Population: children ages 6-24 months (ABC-Infant) and 24-48 months (ABC-Toddler) who have experienced adversity
- Model:
  - 10 in-home sessions
  - Strength-focused, in vivo commenting and video feedback
  - Targets:
    - Nurturing, following child's lead, avoid frightening behavior, and (for toddler) managing dysregulation (calming behaviors)
- Evidence Base:
  - RCTs with child welfare populations demonstrate improved attachment (Bernard et al., 2012), stress hormone regulation (Bernard et al., 2015), and executive functioning (Lind et al., 2017)

Design and Procedures: HealthySteps

- Target Population: Children ages birth to 3

- Model:
  - On-site and telephonic consultation, developmental screening, anticipatory guidance, and referrals through in integrated pediatric primary care settings
  - Tiered services based on screening and family needs

- Evidence Base:
  - Demonstrated increased adherence to pediatric services, child safety, and positive parenting (McLaughlin, Gillespie, & Parlakian, 2017)

HealthySteps

PEDIATRIC CARE • SUPPORTING • PARENTING

A Program of ZERO TO THREE

Measures: Background Variables and Aim 1 (Feasibility)

Demographics and Background Variables

- Client demographics
- Maternal depression: PHQ-9 (Lowe et al., 2004)
- Self sufficiency: Santa Clara Self Sufficiency Matrix (SSM) (Santa Clara County HMIS, 2019)
- Health literacy: Single Item Literacy Screening (SILS) (Morris et al., 2006)

Aim 1: Feasibility

- Satisfaction surveys, focus groups

Measures: Aim 2 (Family Outcomes)

Aim 2: Exploration of Intervention Pre-post Parent and Child Outcomes

Healthy Home

- **Health literacy:** Newest Vital Sign (Stagliano and Wallace, 2013)

ABC

- **Parenting (observation):** Sensitivity, intrusiveness, delight (NICHD ECCRN, 1996)
- **Parenting (self report):** Infant Crying Questionnaire (Haltigan et al., 2012)
- **Parenting self-efficacy:** Maternal Self-Efficacy Scale (Teti & Gelfand, 1991)
- **Child socioemotional development:** Devereux Early Childhood Assessment (DECA) (Mackrain et al., 2004)

Healthy Steps

- **Child development:** Survey for Wellbeing of Young Children (SWYC) (Sheldrick & Perrin, 2013)
- **Service utilization:** Service needs, linkages to referrals in community

Results

Healthy Homes

- 26 completed
- Average attendance = 3 of 4 sessions

ABC

- 22 enrolled
- 6 completed

Healthy Steps

- 11 children connected

31 FAMILIES ENROLLED

Parent Demographics

- Race: African American (96.8%), Non-Latino (3.2%)
- Sex: 96.8% Female
- Mean Age: 31.7 years old
- Education: ~50% HS Diploma or GED
- Mean Income: $932/month
- Time Homeless pre shelter: 1 - 12+months
- # of Children: 1 to 5 (mean: 2.4)

Child Demographics

- Mean Age: 3.2 years old
- Sex: 13 females, 18 males

Results: Maternal Measures

- Maternal depression: PHQ-9 (Lowe et al., 2004)
  - Mean score: 5.3 (sd = 5.3) (indicating mild depression)
- Self sufficiency: Santa Clara Self Sufficiency Matrix (SSM)
  - Mean: 47% at entry and 62% at exit
  - Recall: Shelter goal is 75% at exit
- Health literacy: Single Item Literacy Screening (SILS)
  - Mean 4.5 (often need assistance)

Aim 1 Results: Feasibility (Participant Satisfaction) -Healthy Home

Weekly evaluations

Likert scale of 1 strongly disagree to 5 strongly agree

- Program was what was expected
- Learned new information
- Liked participating
- Found information useful
- Set personal health goals

Results

Overall mean 4.6 “agreed”

Aim 1 Results: Feasibility (Participant Focus Groups) - Healthy Home

Mother as head of household

- responsible for their family and model health behaviors
- embraced role as leaders in their home

"This was [deeper] than what I suspected it to be."

Readiness for change

- contemplation and preparation stage

"I think everybody in here needs to take this class."

Self-care as a health promoting behavior

- mom and child stress

Challenges of living in a homeless shelter

- loss of privacy, control of family schedule

Aim 1 Results: Feasibility (Participant Interviews) - ABC

- High levels of satisfaction with and use
- Benefits and changes in relationship with child
  - Following the lead, calming
- Difficulties with participating
  - Transportation, scheduling, illness
- Difficulties using skills in shelter
  - Fears of being judged, keeping up skills with other parenting responsibilities

"It showed me what I was doing was good. It affirmed me."

"I would not have noticed before, like when he was sad."

"He learns by leading."

Aim 1 Results: Feasibility - HealthySteps

- Challenges of referrals and recognition of living arrangements
- Success story

Aim 1 Results: Feasibility (Collaborative Partner Input)

- Greatest success: cross-agency communication
- The work is feasible, but demanding
- Based on family feedback, benefitted even if did not complete all sessions
  - Incentives facilitated engagement but not sufficient to for service completion.
- Groups completed at higher rates (meals and child-care provided)
- Preschool children (3-5) found to need additional, direct services.
- Need for additional support and trauma-informed practice training for shelter staff.

Aim 2 Results: Healthy Home

Newest Vital Sign

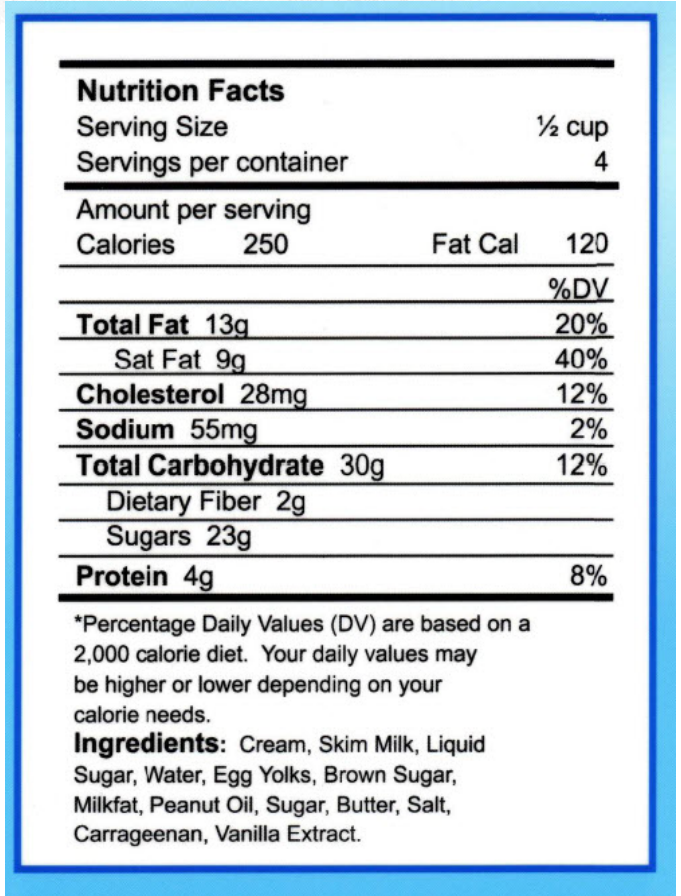
Measures ability to read and understand health information

Read an ice cream label and answer 6 questions

- 0-1 High likelihood of limited literacy
- 2-3 possibility of limited literacy
- 4-6 adequate literacy

pre and post indicated adequate literacy

- Mean score 4.2 pre and post 3.7



Nutrition Facts

Serving Size	½ cup
Servings per container	4
Amount per serving	
Calories 250	Fat Cal 120
	%DV
Total Fat 13g	20%
Sat Fat 9g	40%
Cholesterol 28mg	12%
Sodium 55mg	2%
Total Carbohydrate 30g	12%
Dietary Fiber 2g	
Sugars 23g	
Protein 4g	8%

*Percentage Daily Values (DV) are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

Ingredients: Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Milkfat, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.

Aim 2 Results: ABC

- Parenting (observation): Changes in the expected direction for all 3 scales (increased sensitivity and delight, decreased intrusiveness)
- Parenting (self report): Changes in the expected direction for 2 subscales of parent responses to crying (decreased minimization of child's needs and beliefs about spoiling)
- Self-efficacy: Changes in the expected direction (increased sense of self efficacy)
- Child socioemotional development

Aim 2 Results: HealthySteps

- Child development (SWYC):
  - Child behavioral/emotional screening, 33% scored in at-risk range
- Service utilization
  - 11 children connected

Current Activities

- Funding ended but services continue with community support and new funding
- Healthy Home
- ABC and Parenting Support
  - Continuing ABC-Infant and expanding to ABC-Toddler
  - Group models – TripleP Parenting Groups focused on specific needs
- HealthySteps

Lessons Learned: Challenges

Team communication	→	**Monthly leadership meetings**
Interagency communication	→	**Clarify consent requirements**
Many moving pieces	→	**Process flowchart**
Pace/chaos of environment and families' lives	→	**Flexibility!**

Implications and Future Directions

- Need for trauma-informed care within shelter
  - Staff training
- Need for family-centered (vs. shelter/program/model-driven) services
- Expansion to other shelters

Discussion

- What approaches or strategies have you used for implementing interventions in shelters?
- Thoughts/reflections on serving families in crisis of homelessness or families who have been displaced
  - Challenges
  - Barriers
  - Successful partnerships
- Reflections on doing research within shelter settings or with families in crisis

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- Partners:
  - Duke University School of Medicine (Nursing, Psychiatry, Pediatrics)
  - Duke University (Center for Child & Family Policy)
  - Durham community (Families Moving Forward, Center for Child & Family Health, Exchange Family Center)