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

Presenters:
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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

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

Schools of Nursing, Medicine, and Public Policy

Exchange Family Center

Center for Child & Family Health
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)
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

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

Readiness for change
  • contemplation and preparation stage

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

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

“I think everybody in here needs to take this class.”
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.
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
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
Acknowledgements

• Funding: Duke All Babies and Children Thrive
  • Promoting interdisciplinary research, education, clinical care, and outreach to promote optimal development in children from prenatal to age five

• 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)