

# Promoting Resilience for Children Who Experience Family Homelessness: Opportunities To Encourage Developmental Competence

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## Abstract

*A developmental perspective on resilience is needed to inform policies and programs that respond to family homelessness. Homelessness and the experiences associated with it can threaten and disrupt healthy development in children, contributing to worse academic achievement, more emotional and behavioral problems, and lower levels of developmental competence in a variety of other domains. Scholarship on resilience and risk provides a framework for understanding how and why this happens, identifying ways to prevent and compensate for the negative impacts of the homeless experience on children. We first explain the fundamental concepts underlying this framework. Through a review of literature on risk and resilience among children in homeless families, we identify two ordinary but powerful adaptive systems that help children avoid or bounce back from the negative effects of homelessness on development—positive parenting and child self-regulation. We argue that policymakers and homeless services providers can enhance, support, and facilitate these systems to achieve better outcomes for children.*

## Introduction

Families who use shelter services vary widely in their current and past experiences, including differences in the presence of risk factors that increase the likelihood of poor outcomes, of promotive factors that encourage positive outcomes for all children, and of protective factors that shield children from negative outcomes associated with risk. These factors come together in complex ways to influence child development, contributing to an increased likelihood of maladaptation and problems or of positive adaptation and success. Many children in homeless families consequently manifest resilience, showing competence in important developmental outcomes, whereas others do not fare as well. The purpose of this article is to apply a developmental framework on resilience and risk to elucidate the contexts and processes of family homelessness. Our focus is specifically on children who are homeless with their families, with an emphasis on families in shelter that follows from existing research. We briefly present the basic components of a developmental resilience and risk framework, and then we review the literature on children who experience family homelessness. We conclude with a discussion of opportunities for providers and other stakeholders to encourage the ordinary processes of adaptation and promote resilience.

## Resilience and Risk in Development

*Resilience* in development refers to positive adaptation during or after some threat or disturbance (Luthar, 2006; Masten et al., 2009). Resilience describes the functioning of an individual who has encountered some type of risk but continues to function competently nonetheless. *Risk<sup>1</sup> factors* are events, circumstances, or characteristics that have been associated with worse outcomes in studies involving groups of individuals (Rutter, 2012; Zolkoski and Bullock, 2012). Meanwhile, *promotive* and *protective factors* are events, circumstances, or characteristics that predict positive developmental outcomes in general or have even greater positive effects in contexts of risk, respectively (Masten et al., 2009). Risks threaten positive development, whereas promotive and protective factors indicate the presence of broader *adaptive systems* that act to keep positive development on course despite experiences of risk (Masten and Obradović, 2006). Furthermore, the most effective adaptive systems are “ordinary”; that is, conditioned by evolution and society to be present in the lives of most children, such as the presence of a caring parent or other adult and the ability to control one’s own emotional arousal with increasing success. Resilience happens because of effective adaptive systems that circumvent or compensate for the ways that risk can interfere with positive development. The day-to-day mechanisms or means by which risks or adaptive systems bring about their effects are called the *processes of risk* or *processes of adaptation*, respectively.

Studies of developmental resilience strive to incorporate risk and promotive and protective factors at all levels of an individual (for example, physiology and psychology) and his or her context (family, school, neighborhood, culture, and so on) to understand the complicated ways that these influences interact and contribute to positive or negative outcomes over time. For example, low income, low

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<sup>1</sup> Risk is sometimes thought about in terms of “adversity,” “stressful life events,” “trauma,” “challenge,” or “threat.” We acknowledge that multiple sorts of factors are associated with worse child functioning at the group level. Nevertheless, herein we use these terms interchangeably.

parental education, parental incarceration, and exposure to domestic violence are all common risk factors that seem to contribute to lower levels of functioning among groups of children experiencing homelessness, and homelessness itself is an established risk factor for children in low-income families. Furthermore, homeless children fare better if they have important protective factors in their lives, such as better self-regulation of emotions and behavior or parent-child relationships marked by warmth and structure. Risk and protective factors can be internal to individuals (for example, a tendency toward negative emotionality or higher levels of cognitive functioning, respectively), or external, such as those situated in the family (for example, positive parent-child or other relationships) or present in the broader contexts of schools, neighborhoods, cultures, and so on. They can be chronic factors persisting for long periods, such as low parental education (risk) or attending good-quality early education (protective), or they can be acute and relatively brief experiences, such as witnessing one episode of violence or getting a boost from a special outing with mom or dad. These factors come together to increase the likelihood of resilience, shown in good outcomes, or of maladaptation and failure.

## Developmental Competence

Resilience and its opposite, maladaptation, are the outcomes or end products of promotive and protective factors and at least one risk factor influencing development (Sroufe, 1997; Yates, Egeland, and Sroufe, 2003). Because adaptive systems are ordinary, humans are rather robust to risk, such that development results in competence for most people growing up in most contexts. Developmental science defines *competence* as being capable of what is generally expected of an individual of a certain age in a given culture at a particular time in history (Masten, Burt, and Coatsworth, 2006). Called *age-salient developmental tasks*, these social expectations define the abilities and characteristics that an individual's context considers to be important preparation for each person to succeed ultimately in life. For example, young children in the contemporary United States (and in many other cultures) are expected to learn to walk, talk, have reciprocal social interactions with caregivers, and follow basic rules put in place by their parents. Showing competence in these developmental tasks prepares children for success in future domains, such as following rules at school and at home, having positive relationships with peers and parents, and developing academic skills in middle childhood. In adolescence, good conduct, success at school, and relationships with family and peers continue to be important, and romantic relationships, work competence, and parenting become salient for some (Masten, Burt, and Coatsworth, 2006). Because of the cumulative nature of development, early and consistent success in these age-salient tasks equips individuals with a more robust set of resources (for example, better cognitive development and self-regulation skills or the ability to engage family and other social supports) that can be used to adapt successfully to the typical challenges of growing up and to less common risk factors that might emerge along the way (Yates, Egeland, and Sroufe, 2003). Conversely, previous failures decrease the likelihood of subsequent adaptation, unless they are addressed.

## Patterns of Resilience

Developmental studies of adaptation after risk have primarily uncovered two *patterns of resilience* (Masten et al., 2009). The first is sometimes called *stress resistant*, wherein individuals do not show any detectable negative effects from the risk factor(s) being considered. These children show

competent functioning before, during, and after the experience of risk. They are not invulnerable. Rather, ordinary adaptive systems in their lives either quickly compensate for, or completely circumvent, disruptions caused by risk (Masten, 2001). Adaptive systems, and not some extraordinary individual characteristic, enable these stress-resistant individuals to continue functioning without interruption.

The second pattern of resilience is *bouncing back*, wherein risk disrupts functioning for a brief period as adaptive systems operate, ultimately returning individuals to competent functioning (Masten et al., 2009). This pattern involves short-term impairments after risk, during which individuals do not function competently in one or more areas. Adaptive systems continue to operate, however, and eventually restore individuals' ability to function in a reasonably short amount of time. Despite a temporary perturbation caused by risk, individuals successfully adapt and show resilience.

## Childhood Homelessness As a Context of Varied Risks

Family homelessness is a prevalent risk factor for children in the United States. During the 12 months prior to September 30, 2011, nearly one-third of a million children (321,548) stayed in American shelters with their families (HUD, 2011). Most people in families staying in emergency shelter were from ethnic minority groups (72 percent), and adults in these families were much more likely to be women than men (by 4 to 1) and were younger, on average, than adults in nonhomeless families. Most people in homeless families (65 percent) resided in urban areas. The average length of stay for most families in emergency shelter was 1 month or less, with considerably longer stays (by design) for families in transitional housing programs. Most families stayed for 6 months or less.

By far, most research reports involving homeless children have focused on risk, documenting lower levels of functioning among homeless children compared with the functioning of their more stably housed peers and attempting to isolate the unique effects of homelessness by controlling for differences in other risk experiences. For example, groups of children who experience homelessness and residential instability generally show lower levels of academic achievement, even when accounting for differences in other factors such as poverty, establishing homelessness as a general risk factor for worse achievement (Cutuli et al., 2013; Fantuzzo and Perlman, 2007; Herbers et al., 2012; Obradović et al., 2009; Perlman and Fantuzzo, 2010). During the past three decades, studies of risk have investigated a variety of important areas—including academic achievement, emotional and behavioral problems, language development and cognitive functioning, and illness and chronic disease—with increasing methodological rigor (for example, better matched control groups and epidemiological data), recognition that families differ in their experience of other risks, and more detailed investigations of developmental timing and longitudinal change (Buckner, 2008; Samuels, Shinn, and Buckner, 2010). In this way, risk-focused studies of childhood homelessness are moving past simple documentation of lower average levels of functioning. Instead, the field has begun to recognize that understanding *how* the processes of risk unfold, and consequently interfere with healthy development, will lead to innovation in policy and practice.

The effect of risk can vary depending on its timing in the course of development. Children who first experience homelessness in toddlerhood specifically appear to be at even greater risk for poor achievement relative to students who have their first homeless experience later in preschool or

elementary school (Perlman and Fantuzzo, 2010). Furthermore, on average, children who experience homelessness or residential instability already have lower levels of reading skills in the first grade than their low-income peers (Herbers et al., 2012). These findings suggest that the risk for lower academic achievement associated with homelessness may be more salient in young childhood, a particularly important finding because young children are overrepresented among families staying in homeless shelters.

Multiple risk factors tend to co-occur and accumulate in the lives of children and families (Masten, Best, and Garmezy, 1990), and children in homeless families are more likely to experience a wide range of risks besides homelessness (Samuels, Shinn, and Buckner, 2010). One effective way of indexing risk is by creating a *cumulative risk score*, a sum of the number of established risk factors present in a child's life. Higher cumulative risk scores are generally associated with worse outcomes (Luthar, 2006). For example, Masten and Sesma (1999) demonstrated that the cumulative risk scores of children in family shelter predicted children's disruptive behavior problems, positively predicted the number of health problems, and inversely predicted academic achievement. Similar risk-gradient relationships were present in results from a subsequent sample of kindergarten-aged children staying in family shelter: children who experienced higher levels of risk additively had more behavioral problems at school, based on independent reports from teachers (Masten et al., 2008). Cutuli et al. (2010) demonstrated that differences in the number of negative life events involving family functioning among 4- to 7-year-olds staying in family shelter were related to differences in cortisol function.<sup>2</sup>

### **Acute Risk Overlaid on Chronic Risk**

Childhood homelessness appears to represent a period of acute risk experiences in the context of other chronic or persistent risks. Regarding the sequence and timing of risk experiences, Masten et al. (1993) compared negative-life-event and other cumulative risk scores for children and youth in family shelter relative to low-income, housed children and youth ages 8 through 17. They found similar levels of more stable cumulative risk (for example, low parental education, loss of a parent, abuse, or foster care) for both groups. The children in shelter had experienced higher levels of negative life events in the previous year, however, suggesting that homeless episodes tend to occur during periods of varied and acute risks overlaid on chronic risks such as persistent poverty. It is important to note that differences in risk (both chronic and acute) accounted for differences in behavior problems among these children and youth in shelter.

A wealth of other research has documented sources of chronic risk in the lives of homeless children. Chronic risks are more likely to reflect situations that have been ongoing for an extended period of time, most of which are related to chronic poverty, such as low income, a single-parent household, low parental education, an incarcerated parent, substantiated child abuse or neglect, foster care

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<sup>2</sup> *Cortisol*, a hormone, is a normal part of endocrine functioning that plays an important role in regulating multiple physiological systems, including metabolism, immune functioning, neural and cognitive functioning, and the physiological stress response. As such, differences in cortisol have been related to differences in health, mental health, and cognitive functioning. Meanwhile, differences in stress, particularly during childhood and early life, have been linked to lasting differences in cortisol function.

placement, a parent with a substance abuse or mental health problem, past birth risks such as inadequate prenatal care, and premature birth or low birth weight (Cutuli et al., unpublished, 2010; Gewirtz, Hart-Shegos, and Medhanie, 2008; Perlman and Fantuzzo, 2010; Rog and Buckner, 2007; Samuels, Shinn, and Buckner, 2010). Many of these chronic risks threaten development from the very early years and usually in multiple ways. As such, they have the potential to constrain not only competence at a single point in development, but also the individual's ability to successfully adapt to future risks. Within a developmental perspective, success in age-salient developmental tasks at one point in development prepares individuals for success in later tasks, whereas failure predicts subsequent failure (Yates, Egeland, and Sroufe, 2003).

In addition to exhibiting high rates of chronic adversities, families tend to experience homeless episodes in conjunction with other crises. As such, many children in these families also have experienced multiple, recent, and more acute or episodic risks about the time they become homeless. Many acute risks are directly related to the homeless episode, such as the loss of a home, possessions, pets, social supports, and services (for example, school, mental health providers, and primary-care physicians) and other possible precipitating events such as witnessing domestic violence and separation from some family members (Perlman et al., 2012; Samuels, Shinn, and Buckner, 2010). These experiences represent short-term disruptions that threaten well-being in multiple ways. Children and families with functioning adaptive systems (indicated by promotive and protective factors) are better able to respond effectively to these disruptions and demonstrate resilience. In the context of chronic risk, however, many homeless families have fewer resources at their disposal to meet and overcome acute disruptions. The risk associated with childhood homelessness appears to involve varied acute risks overlaid on chronic risks, creating a particularly complex threat to positive development.

Very few studies have followed groups of homeless children over time, with the exception of a handful of efforts that involved academic achievement outcomes. Findings generally support the view of homeless episodes as periods of acute risk for children already in contexts of more chronic risk. Rafferty, Shinn, and Weitzman (2004) compared groups of homeless students with low-income, housed students on math and reading achievement. The homeless group had lower achievement the year after a shelter stay. The differences had disappeared 5 years later, however, after the homeless students had been rehoused, suggesting that the events related to the shelter experience had an additional, time-specific effect on child functioning. In a different study of academic achievement over time, Minneapolis, Minnesota Public School students who had ever been homeless or highly mobile (HHM) persistently underperformed low-income peers longitudinally from third through eighth grades (Cutuli et al., 2013; Obradović et al., 2009). These analyses first considered HHM status as an indicator of chronic risk: if a child was ever identified as HHM in the data, regardless of when, then all their achievement test scores were included in the HHM group, without considering how HHM experiences might have a greater, acute effect on achievement. Additional analyses sought and found acute effects of HHM experiences, however: HHM students had lower achievement scores in math and reading, and slower growth in math achievement, during years in which they were identified as experiencing HHM compared with *their own* achievement and growth during years in which they were not identified as HHM (Cutuli et al., 2013). These patterns of results suggest that homelessness often represents a focused, acute disruption among children who experience poverty and other more chronic, long-term risks. Furthermore, in many

cases, ordinary adaptive systems in the lives of children appear to eventuate in competent functioning and resilience, because sizeable percentages of children appear to bounce back over time. An account of childhood homelessness' effect on development must recognize both chronic and acute sources of risk.

## Beyond Studies of Risk: The Promise of Resilience

Despite the complex difficulties of experiencing acute and chronic risk, many homeless children show developmental competence nonetheless (Cutuli et al., 2013; Obradović, 2010; Obradović et al., 2009). A resilience perspective seeks to understand what distinguishes homeless children who succeed from those who struggle. As noted previously, studies of resilience search for promotive or protective factors in the child's life, sometimes called *strengths* or *resources*, that contribute to positive adaptation. As noted previously, promotive factors universally promote competent development regardless of risk, and protective factors have a greater positive effect for children specifically in the context of risk (Masten et al., 2009). These factors are indicators of healthy adaptive systems in children's lives; they are resources and characteristics that enable children and families to avoid the negative implications of risk.

Among the many protective factors identified in scientific studies of resilience during the past 40 years, two have emerged consistently as especially powerful positive influences in the lives of children who experience a range of risks. These factors are better cognitive functioning—such as higher IQ and cognitive or effortful self-regulation of emotions and behavior—and having a close relationship with a competent adult, especially a caregiver (Luthar, 2006). These two factors also appear to be particularly important for children who experience homelessness, indicating the presence of adaptive systems that assist children in competent functioning despite the varied risks that they encounter.

Buckner, Mezzacappa, and Beardslee (2003, 2009) found that better self-regulation predicted better functioning among a group of very low-income 8- to 17-year-olds. Homeless children and youth were overrepresented in this sample. *Self-regulation* was defined as the child or adolescent's level of executive functioning and ability to control his or her emotions and behavior. From the neuroscience literature, *executive functions* refer to the metacognitive processes that help plan, control, and organize thoughts, feelings, and behaviors toward some goal. Relevant to this article are executive functions such as being able to pay attention, inhibiting impulses in the service of controlling behavior (called inhibitory control), keeping rules in mind and following them as appropriate (drawing on working memory and rule-switching), and others. Buckner, Mezzacappa, and Beardslee (2003, 2009) found that interviewer-rated self-regulation skills predicted higher levels of global adaptive functioning, better social relationships, higher academic achievement, lower levels of behavior problems, lower levels of depression and anxiety symptoms, less likelihood of being suspended from school, and less likelihood of police contact or arrest (Buckner, Mezzacappa, and Beardslee, 2009). In addition, this study separated the sample based on whether the child or youth appeared to be demonstrating resilience. *Resilience* was defined, in this case, as showing competence on measures of global functioning across multiple domains and emotional and behavioral symptoms. Self-regulation skills predicted resilience, even when accounting for other factors such as nonverbal IQ, self-esteem, and perceptions of emotional support (Buckner, Mezzacappa, and Beardslee, 2003).

Other work has focused on the role of parenting in promoting child competence. Using the sample described previously, Crossley and Buckner (2012) found links between positive, consistent parenting practices (for example, parents not frequently raising their voices to the child and praising the child), parental monitoring (knowing where and with whom the child is), and child self-regulation skills. In a separate effort, Miliotis, Sesma, and Masten (1999) followed a group of 6- to 11-year-old African-American children after they left shelter and moved into homes. Ratings of close parent-child relationships and parent involvement in children's education predicted fewer behavior problems and better academic outcomes, based on school records. These findings affirm that positive parenting and child self-regulation represent important adaptive systems that help children in homeless families show resilience.

### **Integrative Accounts of Adaptation in Children Experiencing Family Homelessness**

A recent program of research with kindergarten-aged children in family shelter integrates and elaborates on past research focused on parenting and self-regulation as important adaptive systems that encourage resilience. These efforts target the developmental period that coincides with the transition to school, given findings suggesting that children who experience homelessness are less likely to succeed in the early school years (Cutuli et al., 2013; Fantuzzo and Perlman, 2007; Herbers et al., 2012). Obradović (2010) examined resilience among 4- to 6-year-old children staying in an urban emergency shelter with their families during the summer of 2006. While in shelter, children completed assessments of general cognitive functioning and completed standard tasks indexing child effortful control. Effortful control refers to the volitional control of behavior, a psychological construct that is closely related to cognitive control, executive functions, and self-regulation. After the children entered kindergarten or first grade the following fall, teachers completed validated questionnaires of child competence in multiple areas, including academics, getting along with peers, emotional problems, and behavioral problems. Children who did better on the effortful control assessments in shelter had higher levels of competence in each of these areas. Additional analyses compared children who showed competent functioning in each measured domain (suggesting resilience across multiple domains) with those who did not. Forty-one percent of children demonstrated resilience in this way. Furthermore, effortful control was an important factor that distinguished children who showed resilience from those who did not.

A more nuanced analysis revealed that parenting quality and child cognitive functioning come together in a more complex way to support positive child development. Herbers et al. (2011) analyzed data from the same study, including information on ratings of parenting quality and cumulative risk scores from caregiver interviews completed in shelter. Results suggested that, when considered separately, both cognitive functioning (IQ and executive function skills based on effortful control tasks) and parenting quality predicted subsequent child academic competence. Children with better cognitive functioning did better academically in kindergarten or first grade, as did those who experienced higher quality parenting. Looking closer, better parenting quality had its positive effect on academic competence indirectly through its positive relation with child cognitive development: children who experienced higher quality parenting also had better cognitive functioning, and children with better cognitive functioning did better academically in school. In effect, higher quality parenting supported good cognitive development that the child, in turn, took to school as a resource to succeed in that context.



These findings were replicated using additional data collected in 2008 and 2009, replacing interview-based assessments of parenting quality with observer ratings of standardized caregiver-child interaction tasks. Child executive function skills again predicted higher levels of success later in the classroom across important domains of functioning, beyond the effects of general intellectual functioning (Masten et al., 2012). In addition, caregiver and child behavior were coded second by second from video-recorded, parent-child interaction task sessions that lasted about 40 to 60 minutes. Codes reflected the proportion of time that caregivers engaged in positive parenting, indicated by warmth, structure, and guidance as appropriate to the child's behavior. As before, parenting had an indirect effect, through child cognitive functioning, on academic competence and on competence regarding teacher-child relationships, behavior, and being engaged with school and learning (Herbers, 2011; Herbers, Cutuli, Supkoff, et al., unpublished).

Parenting also emerged as an important protective factor for these young children in shelter. Children differed in their experiences of stressful, potentially traumatic, life events such as witnessing violence (for example, against a parent, in the neighborhood, or as a victim), the loss of a parent (to incarceration, divorce, separation, or death), or some other serious threat to the integrity of the child or family. Children who had experienced more of these lifetime events also had higher scores on parent-reported measures of emotional and behavioral problems and, more specifically, symptoms of posttraumatic stress disorder (PTSD). It is important to note that, among children who experienced more such life events, those children who experienced higher quality parenting had lower levels of emotional and behavior problems and fewer PTSD symptoms (Herbers et al., forthcoming). Positive parenting in shelter appears to protect children from the negative effects of higher levels of risk, at least regarding common psychiatric symptoms.

## **Opportunities To Promote Developmental Resilience Through Practice and Policy**

Understanding resilience and risk in development promises to unveil more effective approaches for promoting the positive adaptation of children. Indeed, a developmental perspective on resilience and risk suggests that positive adaptation in the context of homelessness is because of ordinary but powerful adaptive systems in the lives of children, and not only because of differences in past experiences of risk. Many adaptive systems are external, such as experiencing consistent, supportive parenting, especially early in life. Other adaptive systems are internal, such as children's developing cognitive skills and self-regulation abilities. These systems interface with each other to promote good outcomes in children exposed to homelessness and its associated risks. Understanding how risk can interfere with development, and how adaptive systems work to address that risk and produce resilience, provides a blueprint for providers and policymakers interested in the success of children in homeless families.

The remainder of this article applies the lessons of developmental resilience and risk, revealing three simultaneous opportunities for those interested in the well-being of children in homeless families. First, we discuss evidenced-based programs that can directly boost important adaptive systems such as positive parenting and better child cognitive functioning and self-regulation, highlighting findings with families in shelter when available. Second, we note the need to be vigilant for well-intentioned

practices that inadvertently interfere with optimal functioning of adaptive systems already present in the lives of children, such as positive parenting, and removing them where they occur. Third, we recognize that services can address some risks directly while also minimizing the introduction of new barriers and risks.

## Programs That Promote Adaptive Systems

Unlike other approaches that highlight only risk in the lives of children and families, a developmental perspective on resilience and risk reveals the importance of considering adaptive systems that protect and promote positive development. As reviewed in previous sections, positive parenting and child cognitive skills related to self-regulation are key adaptive systems that distinguish resilient from nonresilient children in the context of family homelessness. It is important to note that these systems are malleable and can be improved and reinforced through evidence-supported,<sup>3</sup> psychosocial interventions that can be provided to homeless and low-income families.

## Programs To Boost Cognitive Development and Self-Regulation

Several programs have emerged with the potential to improve children's related skills of effortful self-regulation and executive functioning. These programs range from highly involved and focused on the child's ecology (for example, comprehensive approaches to early childhood education) to less intensive and narrowly focused on specific neurocognitive skills (computer-based skill training). Although none have been evaluated specifically in shelter contexts (to our knowledge), several have been shown effective in populations of low-income children. The general view of these approaches in applied developmental science is that ecological or psychosocial interventions are more efficacious, especially for children with multiple problems or greater deficits, whereas narrowly focused skill training shows limited benefits for other skills or real-world functioning (Blair and Raver, 2012; Bryck and Fisher, 2012; Diamond and Lee, 2011).

**Curricula and training of teachers and staff.** Perhaps the most convincing interventions for improving cognitive functioning and self-regulation take the form of good-quality early childhood education programs, followed by good-quality education through middle childhood (Anderson et al., 2003). For example, Montessori curricula expressly construct classroom experiences to encourage *normalization*, meaning a shift to self-discipline, independence, orderliness, and peacefulness. Activities such as walking meditation encourage self-regulation and cognitive development, whereas situations that require executive functions, such as needing to work with other children or waiting for other children to finish with desired classroom materials, are specifically created (Diamond and Lee, 2011).

Designed specifically for preschool children, Tools of the Mind (Diamond et al., 2007; Diamond and Lee, 2011) is a complete curriculum that explicitly scaffolds developing executive function skills. Teachers engage children in normative developmental activities designed to encourage

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<sup>3</sup> Many evidence-supported or evidence-based interventions exist for the general population and for some specific subgroups, such as low-income families. A recent review, however, found that essentially no evidence-based interventions exist specifically for families experiencing homelessness because of a lack of quality evidence in the literature (Herbers and Cutuli, 2014).

concentration and controlling one's own behavior, for example, in moderated pretend play during which children are required to stay in character for set periods of time. This program also engages children in quiet, turn-taking activities, using concrete aids (for example, reminder cards) to support children in applying self-control in the classroom in a way that is appropriate for their developmental level. In a randomized trial involving primarily children from low-income families, those who received Tools of the Mind had better executive function skills at the end of the program (Diamond et al., 2007).

Good-quality, comprehensive preschool curricula boost self-regulation skills and related cognitive functioning, a key adaptive system for children in homeless families. Mobility, availability, and other risks might make it less likely for children to benefit from these programs, however. A different approach is to train teachers and others who interact with these children, such as shelter providers and afterschool program leaders, in strategies that encourage better self-regulation skills. For example, The Chicago School Readiness Project trained Head Start teachers in extensive behavior-management skills and provided regular stress-reduction workshops for teachers. Children in Head Start classrooms showed greater gains in executive function skills during the course of the school year compared with the gains of their peers in classrooms of teachers who did not receive the training (Diamond and Lee, 2011; Lillard and Else-Quest, 2006).

Another example for older children is the Promoting Alternative Thinking Strategies (PATHS) program. PATHS is not a school curriculum but a set of strategies for teachers to encourage emotion regulation. For example, adults learn how to help children in a variety of contexts avoid impulsive expressions of strong emotions by stopping, taking a deep breath, verbalizing the problem and their feeling, and constructing a plan of action. PATHS has been shown to help children avoid several negative outcomes and encourage better executive functions and self-control (Diamond and Lee, 2011; Riggs et al., 2006).

Families in shelter could potentially benefit from extensive and targeted curricula that have shown effects on child executive functioning and self-regulation, where such programs are available and feasible. More practically, training adults (for example, provider staff) in emotion regulation and behavior management techniques shows positive effects on child functioning, as well. Although it is not known if training shelter program staff and other adults will have a similar effect on children's developing skills, attempting such an approach seems warranted given the importance of these skills for children in family shelters.

**Specialized computer training.** Several efforts have attempted to improve executive function skills by training children on specially designed computer games. For example, the CogMed program allows for children to play progressively harder games that require working memory or other executive function skills. After training, children have shown improvements in working memory skills but not in executive function skills that were not targeted. The CogMed program does not seem to support executive functioning more generally, with effects limited to working memory skills. Also, gains did not consistently transfer to cognitive functioning more generally (Diamond and Lee, 2011).

Mezzacappa and Buckner (2010) used a portion of the CogMed program to train working-memory skills in a pilot study of nine low-income students, ages 8 through 11, in an urban public school.

Although the conclusions drawn were very limited, these children showed significant improvements in working-memory skills and in teachers' ratings of ADHD, or attention deficit hyperactivity disorder, symptoms. This finding underscores the need for more rigorous research with low-income children.

Another group evaluated a 5- to 10-session training program with 4- to 7-year-olds. This program also targeted executive functions, with an emphasis on attention. Early evaluations were promising for gains in attention and transfer of these gains to general intelligence (Rueda et al., 2005). More recent work suggests that behavioral gains from training are modest, if present at all, however (Rueda, Checa, and Combata, 2012).

Skill-training approaches using computers are tempting for the shelter context because they generally are short term (for example, 5 to 10 sessions during as many weeks), can be appealing to children, and do not require a high level of expertise or guidance from staff. These computer-training programs tend to produce improvements for children in the specific executive skills that are trained, however, without generalization to other executive function skills (Bryck and Fisher, 2012; Diamond and Lee, 2011). It also remains unclear if or how much this type of training translates into better self-regulation and functioning in real-world situations, for children either in shelter or in general samples. Increasing evidence suggests that the training of specific neurocognitive skills (as is done through these computerized programs) has only limited value for children, whereas ecological and psychosocial approaches to boosting child executive function skills are preferred (Blair and Raver, 2012; Bryck and Fisher, 2012; Diamond and Lee, 2011).

### **Parenting Programs**

Parenting behavior and the parent-child relationship are the primary context for children, tied closely to positive adaptation and the development of abilities that further support healthy development (Herbers, 2011; Herbers et al., 2011; Lengua, Honorado, and Bush, 2007). Although the importance of parenting in shelter has been recognized for many years (for example, Miliotis, Sesma, and Masten, 1999), very few parenting interventions have been rigorously evaluated in the context of family shelter. Most evidence comes from feasibility studies or from preliminary or pilot studies with few participants, rare use of established measures, or both. Nevertheless, it is worth reviewing the programs and studies that have been used in shelter while programs continue to evolve and an evidence base is constructed. We specifically focus on two programs with an evidence base involving non-shelter groups that were subsequently adapted and implemented with families in shelter. Comprehensive reviews of these and other programs have been recently summarized in the literature (Gewirtz, Burkhart, Leoehman, and Haukebo, 2014; Perlman et al., 2012).

The Triple P—Positive Parenting Program is a parenting program with a well-established evidence base involving evaluations with more general samples of families (Sanders, 2008). The program contains parent education and skills training (for example, behavioral strategies for teaching children). Triple P was piloted with 10 families staying in a Belgian center for integrated family guidance, an institutional residential setting that provides multiple services for families with a history of violence and who are at very high levels of risk (Glazemakers and Deboutte, 2013). The intervention involved both group and individual family sessions, with the latter occurring in each family's

living space. Program delivery appeared feasible in the setting, with families showing high rates of engagement, attendance, and completion of activities and assignments. Additional evaluation is needed to determine efficacy with families in shelter.

The Parenting Through Change intervention (PTC) is an intervention based on the well-established Parent Management Training—Oregon model. PTC has been adapted for families in domestic violence shelter and for families in supportive housing. The adapted PTC is delivered in a group format in 14 weekly sessions, targeting positive parenting skills including skill encouragement, problem solving, limit setting, monitoring, and positive involvement. Program authors trained two staff members in a domestic violence shelter to implement the intervention with 10 mothers, who showed high rates of attendance and engagement with the program, suggesting feasibility (Gewirtz and Taylor, 2009). PTC was also implemented as part of a randomized clinical trial with families in supportive housing programs. Preliminary analyses again suggest high rates of attendance and engagement, affirming feasibility. Forthcoming analyses will evaluate program efficacy with regard to increasing positive parenting and better child outcomes (Gewirtz, 2007; Perlman et al., 2012).

## **Recognizing Challenges to Positive Parenting and Reducing Practices That Interfere**

In addition to having opportunities to implement programs to encourage positive parenting skills, shelter providers and policymakers have opportunities to recognize and remove those practices and policies that make it more difficult for some parents to support their children through difficult circumstances. The best approach would minimize any interference with important family processes and be sensitive to other aspects of caregivers' lives that affect their ability to use positive parenting.

As noted previously, parents experiencing homelessness with their children face a variety of risks that can threaten their capacity for optimal caregiving. Many of these risks are indirectly related to homelessness; they are characteristics or circumstances that are common among parents experiencing homelessness and that have been linked to negative parenting in the broader developmental literature. Other risks are inherent in and unique to the experience of homelessness, particularly among parents who reside temporarily with their children in emergency shelters or transitional housing (Lindsey, 1998; Perlman et al., 2012).

Most parents experiencing homelessness are young, single mothers living in extreme poverty (Bassuk, 2010). These young mothers tend to have limited educational backgrounds and little experience or training related to employment opportunities (Bassuk et al., 1997; Burt et al., 1997). Parents who are homeless tend to have more medical problems than housed adults (Weinreb et al., 2006). In addition, parents who are homeless with their children often have experienced significant risk and adversity in their own developmental histories, including abuse and neglect, foster care placements, or homelessness as children (Gorzka, 1999; Swick and Williams, 2010). After their difficult experiences, many of these parents have untreated emotional, chemical, or behavioral problems, such as substance abuse, depression, or ongoing symptoms of post-traumatic stress (Arangua, Andersen, and Gelberg, 2005; Lee et al., 2010; Samuels, Shinn, and Buckner, 2010). Furthermore, parents who are homeless often arrive at shelter after acute traumatic experiences, such as domestic violence, neighborhood violence, house fires, or other disasters (Anooshian, 2005; Buckner, Bassuk, and Zima, 1993). These risk factors tend to accumulate among parents experiencing homelessness and

threaten their capacity for warm, nurturing parenting (Perlman et al., 2012). Parents in homeless families often have limited economic resources, limited knowledge of typical child development, lack of experience with positive parent role models, and limited access to social support (Gorzka, 1999; Howard, Cartwright, and Barajas, 2009; Swick and Williams, 2010; Vostanis et al., 2001). The chronic stress of these hardships also can be exacerbated by heightened needs of their children, as children experiencing homelessness have higher rates of developmental, educational, and behavioral problems (Bassuk et al., 1997; Buckner et al., 1999; Haber and Toro, 2004), and by their own reactions to the stressful and potentially traumatic experiences confronting the parent and family (Buckner, Bassuk, and Zima, 1993; Hicks-Coolick, Burnside-Eaton, and Peters, 2003; Lindsey, 1998; Perlman and Fantuzzo, 2010).

The context of shelter presents additional risks for parents experiencing homelessness with their children. Often, families encounter regulations that prevent certain individuals, most often men and adolescents, from entering and residing in shelters (Perlman et al., 2012). To use emergency housing for themselves and their younger children, mothers may be forced to separate from their adult partners and their teens, particularly teen boys. Such separations are inherently stressful and disruptive for everyone in the family. The adult men and older teens may have nowhere to go, and the mothers and younger children lose opportunities for contact, support, and assistance with those members of their families (Barrow, 2004; Cowal et al., 2002). The rationale for these restrictions includes not only practical reasons such as room size, availability of space, and lack of multiple single-sex bathrooms but also concerns about safety. Such regulations should be balanced against the potential harm of forcing families to decide between using emergency housing or remaining intact.

The routines established by shelters based on meal times and availability of programs also can interfere with family routines and rituals, which may detract from parents' perceived and actual control (Friedman, 2000; Schultz-Krohn, 2004; Torquati, 2002). Spaces within the shelters may not be conducive to family life in other ways. Families often are crowded, such that everyone must sleep in the same room, and bathrooms may be shared with other residents. Often, children have few spaces to play, and the spaces available may not be developmentally appropriate or well equipped for a range of child ages, interests, and learning opportunities (Perlman et al., 2012).

When families are residing in shelter, much of the parenting and parent-child interactions occur in public rather than private family spaces (Friedman, 2000; Lindsey, 1998; Swick and Williams, 2010). When parenting in public spaces, parents are observed and often scrutinized by other shelter residents and shelter staff. Parents may feel pressured to adapt their parenting styles based on shelter rules and may have to restrict certain child behaviors, such as noisy and active play, that are developmentally appropriate and would be acceptable in more typical family circumstances (Lindsey, 1998; Schultz-Krohn, 2004). In some cases, shelter staff may correct child behavior or critique parents' discipline techniques in front of the parents, children, and other families, undermining the authority of parents and sometimes even advocating or encouraging inappropriate or insensitive practices (Perlman et al., 2012; Swick and Williams, 2010). These experiences can be demoralizing to parents, contributing to a lack of confidence in their parenting, increased feelings of failure or inadequacy, and doubts regarding their ability to support their family through a highly stressful and challenging period (Lee et al., 2010).

Thus, shelters and shelter staff may inadvertently interfere with some of the ordinary adaptive systems through which parents and children adjust to the risks and adversities associated with homelessness, despite good intentions and the provision of safe housing and basic necessities such as food. Although some homeless parents may lack knowledge of child development and skills related to positive parenting, many parents experiencing homelessness provide adequate or even exemplary caregiving for their children despite the risks present in their circumstances (Herbers, 2011; Miliotis, Sesma, and Masten, 1999). Positive aspects of the parent-child relationship system lead the child to resilience. These aspects would benefit most from external reinforcement and support from shelter resources, regulations, and staff interactions, or, at very least, noninterference. Homeless parents struggling with their caregiving roles similarly would likely benefit from a strengths-based, supportive approach to the provision of services and care that empowers them in their roles as parents and encourages competent functioning. Such efforts should not be limited to specific programs or services available to families residing in shelter but should pervade the shelter ecologies with developmentally appropriate resources, staff training, and policies (Kilmer et al., 2012; Perlman et al., 2012). For example, these efforts would include providing developmental education and information about the varied but positive ways children and families respond to potentially traumatic events to all staff who might have any contact with families. The entire shelter context must attend to the developmental context of children and families, not only to specific individuals or specific times or programs (for example, family movie nights) that the families might choose to participate in.

Shelter providers can enact programs and policies that address the risks to parenting that tend to be associated with homelessness as well as the risks that can arise in shelter settings. Case management services in shelters often aim to identify the individual needs of families and make appropriate referrals for internal or community-based programs that can provide opportunities for educational and job training, childcare, mental health and substance abuse treatment for parents, and developmental or behavioral health services for children. Programs designed specifically to enhance parenting and parent-child relationships may be provided in shelter, as well. In addition to these services that address associated risks, shelter providers can enact policies and programs to reduce negative effects on families related to the shelter environment. Such efforts could include providing child- and family-friendly spaces for developmentally appropriate play, including parents in decisions related to meal times and meal options, and training all shelter staff in appropriate expectations for child development and discipline techniques that emphasize positive, sensitive, nurturing parenting.

### **Minimize and Remove Risk: Developmentally Informed Policies and Coordinated Service Provision**

In addition to promoting ordinary adaptive systems, as discussed previously, agencies and policy-makers have clear opportunities to encourage positive outcomes by removing sources of risk from children's lives. Providers and other social service agencies typically have specific mandates or missions that target circumscribed basic needs, such as providing shelter, food, education, mental health care, physical health care, or protection against defined instances of abuse and neglect. Because many families who experience homelessness also experience accumulating, longstanding, or repeated risks associated with chronic disadvantage and poverty, it is not uncommon to require

services from more than one agency (Bassuk, Volk, and Olivet, 2010). Interagency collaboration will likely remove more risk from families' lives than siloed approaches, as specialized agencies combine their respective expertise and resources to address the complex ways that risks affect homeless families. Budgetary constraints and defined operating boundaries can make it difficult for agencies to extend beyond their mandates, however. Even so, increased federal attention to the value of interagency collaboration is encouraging more coordination with the goal of ending family homelessness (United States Interagency Council on Homelessness, 2012).

The need to engage multiple, noncoordinated agencies represents a barrier to families, especially during periods of crisis like an episode of homelessness involving relocation to new addresses with limited resources. Maintaining connections to both routine services (for example, schools and primary-care physicians) and specialized ones (special education programs, mental health providers, and so on) can be especially challenging. This kind of disconnection also can occur when families move out of shelter into housing in different areas. Concerted collaboration between school districts and shelter providers appears to hold value for educational well-being (United States Interagency Council on Homelessness, 2012), and children who change schools less frequently have better academic careers (Fantuzzo et al., 2012; Fantuzzo and Perlman, 2007; Herbers, Reynolds, and Chen, 2013).

Regarding other services, downward extensions of adult programs that involve intensive case management services have shown some promise but require additional evaluation. The Family Critical Time Intervention, for example, provides comprehensive care management to families during the critical transition out of shelter, when many families fail to maintain housing. This case management begins before families leave shelter and aims to identify needed services, ultimately connecting families with existing, mainstream providers in their new communities (Samuels, Shinn, and Fischer, 2006). This approach simultaneously acknowledges that families who experience homelessness have varied needs and that multiple siloed services can be better coordinated to meet those needs. Additional, rigorous evaluation is needed to test the efficacy of Family Critical Time Intervention and other interventions that specifically target families experiencing homelessness (Bassuk, Volk, and Olivet, 2010; Herbers and Cutuli, 2014; United States Interagency Council on Homelessness, 2012).

## What Works Best for Whom? Some Open Questions

The literature on risk and resilience underscores that different families have different needs. As reviewed above, other risks and adversities, such as low parental education, mental and chemical health issues, and unemployment, tend to accompany homelessness. At the individual level, families vary on their past experience of risk. As such, many children and parents require different types of assistance. Some, but certainly not most, may require long-term intensive programming in the context of an emergency housing intervention. Some may simply need housing in the short term as their ordinary adaptive systems enable positive adaptation and resilience. One-size-fits-all approaches seem ill advised. More likely, most families by far would benefit most from tailored, but not necessarily intensive or pervasive, programs that target the removal of specific risks or the promotion of key adaptive systems considered individually for each family (Bassuk, Volk, and Olivet, 2010).



Further complicating assessment and case management planning is the realization that family functioning might be disrupted in the weeks after the events surrounding a move to shelter. These disruptions may be temporary for many families who ultimately bounce back, or they may represent longer term problems for others. This uncertainty makes predicting which families will need which services difficult at intake, when functioning is most likely to be temporarily disrupted. More rigorous evidence is needed regarding assessing the needs of families entering shelter and accounting for ordinary adaptation that occurs over time. Future research can attend to promotive factors, protective factors, and risks in determining what level of services ultimately will be most helpful to individual families.

High-quality evidence should inform which housing programs work best for which types of families. It is not uncommon for localities to offer a mix of different housing interventions for families experiencing homelessness but without evidence-based practices as to which families can participate in which programs. At a minimum, most localities offer some emergency shelter that provides for the most basic needs of families (for example, shelter and, frequently, meals and basic case management) for relatively short periods of time. Emergency shelter for families commonly can include accommodations in institutions that exist for this purpose (often managed by private nonprofit organizations), in charitable organizations that provide temporarily converted space for time-limited periods, or in other shelter-like, multitenant (single-room occupancy) hotels. In some urban and more rural settings, emergency shelter might also include vouchers for stays in hotels or motels. *Transitional housing* programs differ from emergency housing in that they typically involve longer stays (6 to 24 months) in an apartment or other shared housing while the family receives a package of supportive services designed to encourage independent living. These services tend to be more comprehensive than those available in emergency housing programs, including referrals for services related to obtaining employment or job training, enrolling in entitlement programs, transportation, childcare, medical care, mental health care, and an array of other programs to meet the needs of families in the program. Finally, *rapid rehousing* programs focus on transitioning families into permanent housing as soon as possible. Rapid rehousing usually involves temporary rental subsidies for 2 to 18 months in private-market housing, and it sometimes includes intensive case management and other services to help families connect to community-based, mainstream providers in their new neighborhoods to meet whatever needs the family might have.

To date, evaluations of housing interventions have neglected most considerations important to a developmental framework on resilience and risk. We propose preliminary criteria to begin to understand if and how different housing programs support developing children and families. We intend the following criteria to be a starting point.

1. Does the program recognize that different families have different strengths and different needs as determined by evidence-based assessment? Such assessment would evaluate chronic and acute sources of risk and protective factors in the family and in individuals.
2. Does the program take measures to support existing protective factors and help families develop new ones (for example, by supporting positive parenting)?
3. Does the program help reduce risk in children's lives by removing existing risk factors and preventing exposure to new ones?

4. Does the program help connect families to services that promote positive development and address any special needs (for example, by facilitating enrollment in early childhood education)?
5. Finally and perhaps most importantly, does the program result in better outcomes in age-salient developmental tasks for children (for example, cognitive development, academics, positive family and peer relationships, and emotional and behavioral health)?

We offer a critical application of these criteria to the scant but emerging evidence on rapid rehousing programs for families as an example. Good-quality evaluation is especially salient for decisions about rapid rehousing programs, given their potential for cost savings, their apparent popular appeal, and the fact that many of these programs were funded temporarily by the American Recovery and Reinvestment Act and now municipalities must decide if they should be maintained with local funds (Briggs et al., 2013; da Costa Nunez, Anderson, and Bazerjian, 2013a, 2013b; United States Interagency Council on Homelessness, 2012). Although we choose to focus on rapid rehousing programs as an example, we note that high-quality evidence is also scant for other types of housing interventions, and much work needs to be done.

Rapid rehousing appears to prevent some forms of risk related to institutional living in homeless shelters. Because rapid rehousing approaches focus on transitioning families into permanent housing as soon as possible, they minimize some negative aspects of shelter stays, such as time separated from fathers or older siblings because of shelter rules, well-intentioned interference in parenting by shelter staff, and other aspects of institutional living in shelter that disrupt the powerful effects of ordinary adaptive systems. The explicit purpose of these programs is to enable the family to resume living in a private, permanent residence without the disruptions that accompany living in a shelter setting. Services that promote protective factors like positive parenting may not be offered, but in exchange they do not interfere in how the family functions.

Furthermore, if rapid rehousing results in lasting residential stability, then families might have an opportunity to connect with, and stay connected to, positive resources in neighborhoods and communities. Additional school moves might be less likely; for example, allowing for children to avoid additional risk and increasing the likelihood of academic resilience (Fantuzzo et al., 2012; Herbers, Reynolds, and Chen, 2013). Families might connect to community providers for universal (for example, primary medical care) or targeted (for example, mental health care) services. A context of stability is expected to increase the likelihood that families stay connected to needed resources and services, resulting in increased continuity and quality of care. Stability is a context that affords more opportunities for resilience.

Any housing intervention should be subjected to rigorous evaluation that informs not only *if* it helps promote resilience among children and families, but also *how* and *for whom* these effects come to be. Although the reasoning for rapid rehousing approaches with families appears sound on many levels, the research base is so sparse that any strong conclusions about its benefits to developing children are premature. To date, exceptionally few publications (peer reviewed or otherwise) consider developmental competence as a child outcome when studying the effects of rapid rehousing compared with those of other housing interventions. It is similarly unclear whether rapid rehousing actually supports promotive or protective factors, such as positive parenting or connectedness with teachers. In addition, it is unclear if any quality assessment of family needs

occurs in most implementations, and if families have better access to community services while staying in housing subsidized through a rapid rehousing program compared with their access to similar services in other housing interventions. To our knowledge, it is also unclear if meaningful differences exist in the quality or comprehensiveness of services received.

Finally and perhaps most importantly, whether rapid rehousing results in residential stability and fewer future episodes of homelessness for families also remains an open question. For example, widespread implementation of rapid rehousing in New York City appears to coincide with *increased* numbers of families presenting to homeless shelters and increased homelessness recidivism in the long term (da Costa Nunez et al., 2013b). Meanwhile, a shorter term case study of a rapid rehousing program and intensive case management for families in Mercer County, New Jersey, reported that most families remained in permanent housing after the temporary rental assistance ended, suggesting that rapid rehousing provided stability (da Costa Nunez et al., 2013a). Similarly cursory reports from some other localities have suggested that rapid rehousing benefits a subset of families (National Alliance to End Homelessness, 2012), at least in the short term. All known reports to date have lacked designs and the rigor required for high-quality evidence regarding families, however. Little to no literature (at the time of writing) adequately informs decisions on the utility of rapid rehousing for families with children, whereas a robust literature suggests that providing services to families, especially services tailored to specific need, has benefit (Bassuk and Geller, 2006; Bassuk, Volk, and Olivet, 2010). Given the lessons of resilience and risk in development, it is probably the case that rapid rehousing approaches will fall short for a subset of families for whom risk overwhelms their ability to successfully adapt, but rapid rehousing will work best for others as ordinary adaptive systems produce resilience. If, how, and for whom this approach promotes resilience remain open questions, however.

## Conclusion

Many children who experience family homelessness show resilience by doing well in important developmental outcomes, but others do not. Investigations that have considered resilience in development discovered that children and families use ordinary but powerful adaptive systems to lessen or avoid the negative effect of risk. Individual homeless families differ in the levels and types of risk that they experience, but as a group they tend to experience high rates of chronic risks, such as poverty and low parental education, in addition to recent acute or episodic risks, such as the loss of housing, possessions, and connections to others, or other potentially traumatic events that may have led to homelessness, such as domestic violence. Two powerful and ordinary adaptive systems for children in homeless families are good self-regulation skills, especially executive functions, and positive parenting. For many, the presence of these adaptive systems enables children and families to avoid the negative effects of chronic and acute risks associated with homelessness, resulting in competent functioning in key developmental outcomes.

The lessons of developmental resilience and risk reveal notable opportunities to promote good outcomes for children who experience family homelessness. First, providers and policymakers can target the most influential adaptive systems with effective programs, such as curricula and staff training, to promote child self-regulation and executive functions or with programs to encourage

positive parenting. Evidence-based programs to improve these systems are supported by studies with low-income and general populations, and several groups are in the process of adapting and evaluating these programs specifically with families in shelter. Providers also can evaluate their policies and practices to reduce interference in the ordinary processes of adaptation, especially when it comes to parenting in crisis and in the “public” context of shelter. Finally, many agencies exist to remove or prevent risk in the lives of children. Given the multiple, complex, and varied risks that accompany family homelessness, interagency collaboration and a tailored approach to service provision, including housing interventions, will help ensure that families’ specific needs are met efficiently and effectively. In these ways, risks can be minimized and addressed for homeless families, and adaptive systems can be bolstered and maximized to encourage resilience.

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