National Center for Infants, Toddlers, and Families

Institute of Medicine and National Research Council
Committee on Supporting the Parents of Young Children
Key Considerations from ZERO TO THREE

ZERO TO THREE (ZTT) is pleased to provide input to the committee on your forthcoming report *Supporting the Parents of Young Children*. Thank you for taking on this important topic and for seeking feedback from ZTT. The following is a summary of a framework that we suggest the committee considers in shaping your "roadmap" for the future of parent supports, as well a summary of challenges and recommendations to improve policy and practice.

I. Framework for a Continuum of High-Quality Parent Supports

Decades of research have found that high-quality parent support programs can improve parenting and change the trajectory of young children's development and learning. Existing evidence-based parent support models, however, are not, nor should they be, "once size fits all". They offer different services, have varied goals, intensity, duration, and staff qualifications, and take place in different program settings. Parenting programs are most effective when tailored and targeted to those families most likely to benefit from the specific approach provided in the program. Moreover, for many families, parenting supports will only be successful if part of a more comprehensive approach to meet their needs.

ZTT recommends that you consider supports for parents of young children as a triangle or pyramid with three levels. The committee may consider desired outcomes and strategies for each level of the triangle:

- Supports for all parents: At the bottom are supports for all parents, which may be achieved through more universal strategies, such as informational materials, text reminders, or by integrating messages about positive parenting into popular media. This level is designed to reach the largest number of families with the least intensive level of services and supports.
- Supports for parents with some level of risk: The middle of the pyramid represents supports for parents who are at some level of risk, such as living in poverty or having a child with a developmental delay or significant behavioral challenges. These families need a higher level of assistance, such as home-visiting programs that provide education and support, parent groups, or parenting programs targeted to their specific needs. At this level, parenting education would often be part of a broader array of services.
- Supports for families with multiple needs/risk factors: At the top of the pyramid are those families with multiple needs and risk factors, such as parental mental health issues, substance abuse, and domestic violence. These parents need the highest level of support through more intensive, therapeutic strategies such as parent-child psychotherapy, one-on-one parent guidance and home-visiting programs that provide psychotherapeutic interventions (such as Child First in CT). These families are also most likely to have multiple challenges that require a comprehensive array of services in addition to parenting support.

As an illustration of the pyramid model in practice, some states, such as Massachusetts, are building systems that offer a continuum of voluntary supports, ranging from a single universal "Welcome Family" home visit to more intensive, evidence-based home visiting and family support models, depending on families' needs. In the Masssachusetts model, public health nurses provide one voluntary home visit to all families, in selected parts of

the state, when the child is six to eight weeks old. Welcome Family home visitors assess families' needs and refer them to other services, as needed.

II. Need for Changes in Policy and Practice

Despite an increasing number of evidence-based parent support models, state and community leaders face a number of barriers in effectively implementing the vision described above. This includes:

- Limited availability, particularly for the most intensive services: Many states and communities have limited availability of support services for parents, particularly intensive services, such as mental health and substance abuse counseling. Without greater investment in these services, it will be challenging to meet the needs of the most at-risk families.

- Lack of a coordinated intake to refer services according to need. In most states and communities, multiple parenting programs are administered and funded separately. Without a coordinated system to screen families and match them with appropriate services, it is difficult to ensure that parenting supports are appropriately targeted to families' needs. It is also likely that some families receive duplicative services, while others receive none.

- Services are seen as stigmatic and hard to access. Even when parenting supports are available, parents may face a number of barriers to access, including the stigma associated with needing help with parenting, time constraints, and cultural or linguistic barriers. At-risk families may also have unpredictable schedules and transportation challenges that make it difficult to access regular support.

- Lack of a systemic approach to supporting program quality: While there are a growing number of evidence-based parent support programs available, states and communities often lack a systemic approach to ensuring that these programs are well-implemented, meet the needs of the specific population served, and are focused on continuous improvement. Similarly, little attention is paid to building the capacity of the various professionals who deliver parent support services.

- Blame-the-parent culture: Unfortunately, at-risk parents are often seen as the problem. Indeed, public investments focus primarily on directly supporting services for young children. As long as we have a culture of blaming parents, policymakers may struggle to scale up effective programs that value parents as partners in supporting young children's development.

III. Roadmap- Recommendations for Changes in Policy and Practice

ZERO TO THREE recommends that the committee consider the following recommendations:

1. Expand access to mental health supports for high-needs parents.
   States and communities can put in place strategies to screen for maternal depression and to improve the availability of mental health services for those families with greater needs. For example:
   - Ohio's Maternal Depression Screening and Response System integrates screening and referral for maternal depression into the state's home visiting and early intervention program.

- Florida allows Medicaid reimbursement for parent-child (dyadic) therapy, as well as therapy for the parent, provided that the child is a Medicaid recipient and the therapy focuses on the parent-child relationship. (See page 11 in linked report.)
- Connecticut's Child First Model combines an intensive home visiting program with parent-child psychotherapy, an intervention model that is designed to strengthen parent-child interactions, parental capacity, and the overarching parent-child relationship. This initiative is funded through a public-private partnership.

2. Develop centralized intake systems to screen and refer families to continuum of services
Some states are building centralized intake systems to screen families' needs and refer them to programs at the appropriate level of intensity. This model ensures that families face "no wrong door" in seeking help, helps to avoid duplication and matches public resources with families most likely to benefit. For example:
   - New Jersey's centralized intake system provides regional hubs and common screening and referral forms to refer families to appropriate home visiting and other family support programs.
   - The Massachusetts "Welcome Family" model described above uses a universal home visit as the first step in referring families to other services. Rhode Island has a similar model and allows parents to request a home visit by text message.
   - Finally, the Help Me Grow centralized intake model (using a 211 call center) is in place in several states to coordinate screening and referral for developmental screening. Delaware has used federal MIECHV funds to support use of Help Me Grow for referrals to home visiting programs.

3. Integrate parent supports in settings where families already spend time.
States and communities can minimize barriers to access by offering home-visiting models or co-locating and/or integrating parent support into settings where parents are already receiving services, such as early care and education programs, pediatric practices, and WIC offices. Such an approach helps remove stigma by making parenting support a natural extension of these early childhood services. For example:
   - Healthy Steps is an intervention that integrates child development specialists into pediatric practices to provide parent support and child guidance through an integrative care model.
   - The Early Detection and Screening Initiative in Los Angeles is exploring expanding parenting supports through WIC Programs.
   - Early care and education mental health consultation (ECMHC) teams a mental health professional with early childhood providers and parents to provide child-focused, classroom-focused, and program/community-focused consultation. Several models show positive outcomes, including Project Play in Arkansas and Maryland's Early Childhood Mental Health Consultation.

4. Develop state systems to support program quality improvement
States can build coordinated systems to monitor and improve the quality of parent support programs and to build the capacity of the workforce. As described in this ZTT publication, several states have used federal MIECHV funds to develop such systems for home visiting programs. For example:
   - Pennsylvania has developed a monitoring tool to be used across home visiting models to track compliance with state quality expectations and to identify areas where technical assistance is needed.

- Rhode Island has created core competencies for all home visiting program staff and a coordinated professional development system for family support professionals.
- Michigan has developed a continuous improvement model to track and improve the use of screening for depression, domestic violence, and substance abuse across home visiting program models.

5. Encourage family support models that include parents as partners
We strongly encourage the committee to be intentional about incorporating framing language that communicates and encourages empathy for parents, and a desire to partner with them to promote their child's healthy development. Models for including parents in decision-making such as the "Parent Café" are successful in creating space for parents to provide meaningful input into planning for services and improving access and outreach.

6. Consider two-generation models that support family economic mobility
Finally, the committee may consider emerging new models of two-generation programs that integrate a range of services and focus more intensively on empowering parents to improve their own life prospects, while also providing opportunities for their children. For example, the Community Action Project in Tulsa and other similar models leverage various resources to provide intensive support to at-risk parents by boosting their education and employability, as well as their parenting skills. Early evidence shows that these models may have potential in breaking the cycle of poverty that underlies many parenting challenges.

Thank you for your consideration and please let us know if ZERO TO THREE can be of any further assistance in developing this report.