

Parent and Caregiver Support

SUPPORTING PARENTS AND CAREGIVERS SOCIALLY AND EMOTIONALLY WITH FAMILY FOCUSED ACTIVITIES, POLICIES, AND EDUCATION

Minnesota acknowledges that systemic racism and generational structural (social, economic, political, and environmental) inequities result in poor health outcomes. These inequities have a greater influence on health outcomes than individual choices or one's ability to access health care, and not all communities are impacted the same way. All people living in Minnesota benefit when we reduce health disparities and advance racial equity.

Current Landscape of Parent and Caregiver Support in Minnesota

A major factor in a parent/caregiver's ability to provide a safe and healthy home for their children is having resources and supports available to them. It is particularly important for parents to get support when they feel overwhelmed or stressed. According to the Zero to Three National Parent Survey, almost half (48%) of parents of young children do not feel they are getting the support they need when they feel stressed – with moms and birthing parents being more likely to say they have inadequate support than dads (57% vs. 39%).¹

"The fact that fully half of parents say they aren't getting the support they need presents a risk and an opportunity. We know from decades of research that, especially during times of stress, the more parents feel supported the better able they are to provide a caring and healthy environment for their children, who then fare better on a variety of academic and social wellbeing measures into the long-term."¹

Parents and caregivers need a network of supportive relationships, strategies for coping with stress, resources, knowledge, and an understanding of child development. Many parents and caregivers report feeling isolated and do not have a support system (formal or informal) built around themselves. Unfortunately, a lack of these critical supports can cause parents or caregivers to become overwhelmed which may result in abuse or neglect. Parents and caregivers who have resources and support are more likely to provide safe and healthy homes for their children and families and reduce the need for out of home placement following confirmed instances of abuse of neglect.²

"[Minnesota women, children, and families need] support. I think the community would benefit immensely from finding ways to support mothers in parenting. By providing relief when needed (childcare, mental health support)." – Needs Assessment Discovery Survey Respondent

Parents and caregivers of children and youth with special health needs (CYSHN) are especially impacted by having inadequate support. They report needing to spend many hours to coordinate their child's health care. Finding child care can be difficult for any parent, but options are often even more limited for parents and caregivers of CYSHN. Subsequently Parent and caregivers of CYSHN report that they are more likely to have had to quit or change their jobs. They are also less likely to have someone they can turn to for day-to-day emotional support even though they express higher levels of stress in parenthood.

Mothers and birthing parents returning to work following the birth of a baby face additional challenges to feeling supported when confronted with inflexible work schedules that can result in increased stress

PARENT SUPPORT AND EDUCATION

in the home. Referred to as work-family conflict, the many challenges of balancing child care, healthy relationships, and mental well-being have been associated with numerous negative health outcomes such as depression, substance use, and overall poor physical health.³ Partnered parents can experience conflict when navigating the transition back to work following the birth of a baby. Fathers and non-birthing parents can experience a lack of support from their employer upon returning to work, especially following a longer parental leave, and may experience cultural stigma surrounding fathers and non-birthing parents spending an extended period of time away from work following the birth of a baby.⁴ Parents of children and youth with special health needs (CYSHN) often face additional stresses and challenged related to accessing support and education.

Across the nation and the state, there are likely many reasons why parents and caregivers feel they receive inadequate support.

- Employers do not provide the wages, flexibility, or paid leave needed to support parents/caregivers.
- There are not enough parenting support and education resources available for parents from systemically oppressed geographic, cultural, and racial backgrounds.
- There is a societal-level stigma against asking for help that prevents parents/caregivers from seeking support or resources. This stigma particularly pertains to seeking emotional/mental health support and is exacerbated by systemic racism which creates barriers for accessing support that affect racial/ethnic groups facing systemic oppression.

Racial Justice and Parent/Caregiver Support

The type of support and education needed and wanted by parents/caregivers can differ greatly depending on personal preference, family structure, education, culture, employment, and other factors. Single parents and caregivers can experience additional barriers to parental support and education while also needing more support surrounding housing, financial security, and child care. In the United States, 1 in 4 parents are unmarried and living alone as opposed to cohabiting with a partner. Single parents are more likely to be living in poverty compared to cohabiting parents (27% vs. 16%).⁵ The majority of single parents are mothers (81%) and are two times more likely to be African American/Black mothers than mothers of other races or ethnicities.⁵

Communities know best what supports are needed and how to bring about meaningful changes that address these needs. Public health approaches that partner with community leaders to uplift and build upon strengths and resilience to break down existing systemic barriers is needed to help to increasing parent and caregiver support.

For many parents and caregivers, systemic racism creates additional barriers to accessing needed support. Discrimination, underinvestment in child care infrastructure, inadequate wages for child care workers, and high costs associated with quality child care all lead to inequitable support systems that disproportionately affect parents/caregivers who are Black, Indigenous, and People of Color (BIPOC). As a result of structural racism, racial disparities are evident in the amount and source of support parents/caregivers report receiving. For instance, the 2018-2019 National Survey of Children's Health (NSCH) found that 82.7 percent of all children have parents who, during the past 12 months, had someone they could turn to for day-to-day emotional support with parenting or raising children. Emotional help received is significantly higher for children who are non-Hispanic White (91.6%) compared with non-Hispanic Asian (53.7%), Hispanic (65.1%), and non-Hispanic Black children (51.0%) (Figure 1).



Figure 1. Children living with Parents who have Emotional Help with Parenthood, by Race/Ethnicity, 2018-2019

Source: National Survey of Children's Health

The source of support can have an impact on a mother's psychological well-being with family members and partners providing the highest levels of support, serving as a vital connection to speak with mental health and parenting advice.^{5,6} Being married or cohabiting while parenting has been associated with increased financial security and decreased stress among parents. One in five parents without the support of a spouse or partner report not having enough money to pay for their basic needs.⁵



Figure 2. Sources of Support after Pregnancy for Minnesota Mothers by Race/Ethnicity, 2016-2018

Source: Minnesota Pregnancy Risk Assessment Monitoring System (PRAMS)

Data from Minnesota PRAMS, shows how the source of parental support after pregnancy differs between racial and ethnic groups as well. Among Minnesota mothers and birthing parents, women and birthing parents of color are less likely than White women and birthing parents to report having support from a spouse or family member which could lead to increased financial strain and stress (Figure 2). Hispanic parents are the least likely to report receiving support from family or friends. It is also important to note the overall response rate for Hispanic mothers answering the question about support from their husband in the PRAMS was too low to report according to the CDC threshold (<30) and has to be suppressed in figure 2.

COVID-19 Pandemic: Parent and Caregiver Support

The COVID-19 pandemic has magnified many of the issues parents and caregivers face around receiving inadequate support. Many have lost their jobs or have been furloughed due to the closure of businesses, adding significant financial stressors to their plate. Others have had to significantly cut hours or quit their jobs to care for their children on a day-to-day basis. In addition to the multiple roles they filled before the pandemic, parents and caregivers have had to take on the role of at-home educator or child care provider. Many formal and informal supports families had in place before the pandemic were no longer accessible in the new era of physical distancing – leading to even greater feelings of isolation among parents and caregivers. For parents and caregivers of CYSHN, the pandemic has only magnified the lack of support and isolation many were feeling. The pandemic coupled with systemic racism has further exacerbated inequities for parent and caregiver support among BIPOC communities. Overall, the COVID-19 pandemic has magnified the existing inequities leaving our most disadvantaged populations lacking the support they need.

Strategic Planning

The Division of Child and Family Health (CFH) in partnership with stakeholders conducted a <u>comprehensive assessment</u> of the health and well-being of Minnesota's maternal and child health populations – including women, mothers, fathers, caregivers, children and youth (including those with special health needs), families, and communities. Following the prioritization of unmet needs, Parent and Caregiver Support was selected as a top priority.

In order to advance maternal and child health outcomes and health equity, CFH acknowledges that we need to work together in authentic, collaborative, and innovative ways. CFH continued to engage stakeholders by implementing a community-focused process to set and implement strategies to address the priority needs using <u>Strategy Teams</u>. We have only begun this work and know there is still much work to do. The outcome of this process helped form a statewide strategic plan that guides work on improving maternal and child health systems going forward.

Vision for the Future

We strive for a Minnesota where all parents and caregivers have strong and meaningful relationships with individuals who are within and beyond their regular social support networks. We envision a Minnesota where parents are financially and emotionally supported by their communities; where workplace policies provide parents with paid family leave, public funding is available for quality child care options, and resources for support are accessible and easy to navigate. In the future, we aim to improve outcomes and equity for Minnesota's children, parents, caregivers, families, and communities through authentic partnerships and shared decision-making.

Strategies to Address Parent and Caregiver Support in Minnesota

A Strategy Team was assembled to identify a set of strategies for the Minnesota Title V program to help ensure parents and caregivers receive needed supports. Below is a brief summary of Minnesota's strategies to support parents and caregivers. To learn more see the entire <u>Minnesota Title V Maternal</u> and <u>Child Block Grant Application and Annual Report</u>.

Strategy A. Advocate for the Redesign of a Network of Policies and Programs to Better Support Families

The first strategy aims to work toward redesigning policies and programs at the state level so that the system is set up in a manner where families are better able to receive needed support including:

- Coordinating between Title V and Family Home Visiting initiatives to ensure we are reaching the most at-risk families with home visiting services.
- Advocating for policies that promote and support the well-being of parents/caregivers.

Strategy B. Build Capacity of Public Health Professionals and Family Home Visitors to Help Improve Mental Health, Well-Being, and Resilience of Families

Public health professionals and family home visitors play a vital role in improving the health and wellbeing of families. During the next five years, Minnesota intends to build capacity of public health professionals and family home visitors to help improve the mental health, well-being, and resilience of families. Since two-thirds of the block grant funding goes to LPH agencies, we intend to first focus on LPH staff who are providing services to families through family home visiting, CYSHN follow-up, and other family serving initiatives. CFH plans to build capacity by:

• Providing training and support the implementation of best practices amongst public health professionals and family home visitors.

Strategy C. Build Supports for Multi-Faceted Ways for Parents/Caregivers to Connect with One Another

With our third strategy, CFH aims to develop innovative ways that parents and caregivers can connect with each other, addressing the social isolation that families can feel if they do not have adequate supports in place. This strategy has especially become relevant during the COVID-19 pandemic since typical in-person support options are no longer available or safe. Current strategies include:

- Maximizing technology to increase options for families to communicate with one another.
- Connecting families to family-to-family support by working to develop a better understanding of the different organizations that provide family-to-family support and ensuring information about these resources are included in a centralized spot (such as Help Me Connect).

¹ ZERO TO THREE and the Bezos Family Foundation (2016). National Parent Survey Report - Tuning in: Parents of young children tell us what they think, know and need. Retrieved from <u>https://www.zerotothree.org/resources/1425-national-parent-survey-report</u>.

² McDonell, J.R., Ben-Arieh, A., & Melton, G.B. (2015). Strong Communities for Children: Results of a multi-year communitybased initiative to protect children from harm. Child Abuse & Neglect 41: 79-96.

³ Grice, MM., McGovern, P.M., & Alexander, B.H. (2008). Flexible work arrangements and work-family conflict after childbirth. Occupational Medicine 58: 4680474.

⁴ Johnson, W. (2016, April 19). What It's Like When a Stay-at-Home Dad Goes Back to Work. The Harvard Business Review. Retrieved from <u>https://hbr.org/2016/04/what-its-like-when-a-stay-at-home-dad-goes-back-to-work</u>.

⁵ Pew Research Center. (2015, December 17). Parenting in America. Retrieved from https://www.pewresearch.org/wp-content/uploads/sites/3/2015/12/2015-12-17_parenting-in-america_FINAL.pdf.

⁶ Hudson, D.B., Campbell-Grossman, C., Kupzyk, K.A., Brown, S.E., Yates, B.C., & Hanna, K.M. (2016). Social Support and Psychosocial Well-being among Low-income Adolescent, African American, First-Time Mothers. Clinical Nurse Specialist 3: 150-158.

PARENT SUPPORT AND EDUCATION

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