



March 27, 2015

To: The Institute of Medicine (IOM) Committee on Supporting the Parents of Young Children

From: Olivia Golden, Hannah Matthews, Stephanie Schmit, Center for Law and Social Policy (CLASP)

Re: Comments on the National Framework for Strengthening the Capacity of Parents of Young Children Birth to Age 8

Dear Members of the IOM Committee on Supporting the Parents of Young Children,

The Center for Law and Social Policy (CLASP) is grateful for the opportunity to offer comments to the IOM Committee on Supporting the Parents of Young Children (the Committee). The Committee's charge to inform a national framework for strengthening the capacity of parents of young children is both timely and of critical importance to our nation given the large numbers of children growing up in or near poverty and the challenging circumstances in which their parents are raising them.

CLASP advocates for public policies that reduce poverty, improve the lives of poor people, and create ladders to economic security for all, regardless of race, gender, or geography. We target large-scale opportunities to reform federal and state programs, funding, and service systems and then work on the ground for effective implementation. Therefore, we are particularly pleased to offer comments to the Committee that suggest specific, targeted opportunities where policy change could make a significant difference in parenting and, subsequently, to young children's development. Given the breadth of the Committee's charge, we think that choosing high-impact opportunities for change will be a key focus of your deliberations.

The comments below build on our expertise across many issue areas and, in particular, our belief that the highest-impact policy improvements often occur at the intersections of traditional policy areas, such as early childhood, adult economic security, and health and human services policies. Our core areas of expertise include: child care and early education; youth policy, particularly disconnected and highly vulnerable youth, including youth of color; workforce development and post-secondary education; public income and work support programs; and job quality, including paid leave and work scheduling.

Throughout our work, we use a two-generation approach to public policies, by examining the ways policies towards children and their parents intersect, as well as the ways they could reinforce rather than hinder each other. Two-generation policies reflect strong research findings that the well-being of parents is a crucial ingredient in children's social-emotional, physical, and economic well-being¹ and that parents' ability to succeed in school and the workplace is substantially affected by how well their children are

doing. With this in mind, we are delighted that the Committee is charged with this focus on strengthening parenting. We urge attention to the circumstances surrounding parents and the policy levers that can alter those circumstances in positive, high-impact, and large-scale ways.

In our comments we discuss:

- Circumstances of Parents And Young Children, and the Role of the Committee
- Impact of Untreated Mental Health Issues on Parenting And Children’s Development
- Parenting Difficulties and Stress Related To The Circumstance Of Low-Wage Work
- Income and Work Support Challenges

Circumstances of Parents and Young Children in the United States, and the Role of the Committee

In 2013, 25 percent (just under 6 million) of children under age 6 were poor while 48 percent (about 11 million) lived in low-income families (households below 200 percent of the poverty threshold).ⁱⁱ Among all children, the youngest—those in their earliest, most formative years—are most likely to be poor. Racial and ethnic minority children are also disproportionately poor.ⁱⁱⁱ

Many poor and low-income children live with at least one working parent; and while parents are working, they often work for very little pay. More than half of mothers who have very young children and work in low-wage jobs are raising children on their own; half are working full-time; and over one-third are poor.^{iv} An enormous change in recent decades is the large share of mothers, including single mothers, who work not just during their children’s earliest years, but also during their earliest months. In 1975, fewer than half of all mothers and only about a third of mothers with a child under age 3 were in the labor force, compared to more than 70 percent of all mothers and 61 percent of mothers with a child under age 3 in 2013.^v Moreover, nearly a quarter of mothers take less than 10 days of parental leave.^{vi} In poor and low-income working families, child development and parenting may suffer from lack of income and basic economic security as well as from highly stressful working conditions – a dual impact on young children.

In addition, U.S. public policies do little to protect parents of young children from this troubling external context during these critical years. For example, even when low-income American parents are forced by the absence of economic support or paid leave to go back to work shortly after the birth of a child, they face enormous gaps in finding or affording any infant care, let alone high-quality care. More broadly, economic supports are weak, except for nutrition support, where SNAP and WIC have very broad reach for low-income families with very young children. Up until the recent expansion of Medicaid in only 28 states under the Affordable Care Act (ACA), supports for parents’ health and mental health were hardly any better: the nation’s health coverage reached a very large share of children but relatively few parents after the period of pregnancy and birth. This left parents with major health or mental health problems – problems that often negatively impact parenting - with no financial access and often no help, unless they maltreated a child. On the work front, only three states have any period of paid family leave after birth, and public policies to address paid sick leave, job scheduling, and other key conditions of work quality are in their infancy. But there are now important opportunities to change this policy context, offering the chance to make large-scale and significant improvements in the capacity of poor and low-income parents to be successful. These opportunities arise from the enactment of the ACA and the rapid emergence of

state and local legislation (and proposed federal legislation) to address workplace conditions, such as paid leave and scheduling. In addition, while the opportunities to address the nation's gaps in income supports and homelessness prevention are not as large or as immediate, we think the Committee can play a role in longer-term improvements in these areas. More specifically, we make the following overall recommendations for the Committee's role and strategy:

Recommendations:

- *Because so many young children are growing up in or near poverty – almost a quarter in poverty, another quarter just above – the Committee should not interpret its charge as limited to identifying programs that just serve individual children and families, but rather should also address large-scale policy and system changes, which have the potential to affect this entire population. More targeted initiatives and supports that would increase the parenting capacity of the most vulnerable families can then be nested within the large-scale policy reforms. An example of such a two-pronged approach would be large-scale state initiatives to ensure that low-income parents of young children with mental health problems, such as depression, get identified and treated, with targeted in-home clinical services for the most isolated.*
- *As the Committee considers how to set priorities for its work within such a broad charge, we recommend considering areas where large-scale policy change: could happen quickly (i.e., health/mental health/child care and early education); is currently being debated intensively (i.e., work conditions); and is particularly important to the well-being of parents and children, even if not quickly or easily addressed (i.e., income/ housing).*
- *In these areas (or other areas chosen), the Committee can play an extremely important role by synthesizing the research about **how the key challenges** -- such as medical, mental health, and substance abuse problems; lack of paid leave and other workplace conditions, such as rigid schedules; and inadequate income and unstable housing -- **hinder parenting, and the extent to which addressing these challenges will help parents**. This research matters because it builds the case for policy reform by demonstrating that these challenges affect not only the adults involved, but also their children, and that addressing them could have two-generational benefits. Past IOM reports that have distilled such information – such as **From Neurons to Neighborhoods** and the recent report on parental depression – have been extremely valuable for informing similar policy debates.*

Impact of Untreated Mental Health Issues on Parenting and Children's Development

Physical and mental health are critical components of parenting: the key to children's healthy development is having parents who are physically and mentally capable of providing a stable, nurturing environment. Thus, in addition to children's health coverage, the health coverage of parents is also crucial to young children's development.

Mental illness affects many Americans and disproportionately affects low-income vulnerable families, who typically have less access to treatment even for serious problems. Our work at CLASP (and our Executive Director's work prior to coming to CLASP) has focused particularly on depression, which is highly treatable, yet poses widespread and serious risks to children's safety and cognitive development

when left untreated. Notably, depression is widespread among poor and low-income mothers, including mothers of very young children.^{vii} One in nine poor infants lives with a mother experiencing severe depression and more than half live with a mother experiencing some level of depressive symptoms.^{viii} While depression is highly treatable,^{ix} many low-income mothers do not receive treatment—even for very severe levels of depression. Strong and consistent evidence indicates that a mother’s untreated depression undercuts young children’s development, including risks to learning and success in school, and may have lifelong effects.^x

The ACA offers a game-changing opportunity to address parents’ mental health, and thereby substantially improve capacity for effective parenting. The ACA tears down major barriers to depression treatment and provides many mothers with health insurance for the first time. The benefit package includes mental health (and substance abuse) treatment, access to primary and preventive care, as well as, prevention screening and quality measures to target depression. There are also important provisions in the ACA that promote integrated care. The provisions that benefit low-income working families will have the largest effect in states that take the Medicaid expansion, providing for more mothers and fathers to access care.

The IOM report could play an important role in galvanizing an effort by state and federal leaders to identify and treat maternal depression among parents of young children. We would be delighted to talk more about the key elements for such a strategy and have included a CLASP paper with links to a number of policy and data resources in the resource section below. This effort will not be easy, because all the service systems involved are complex and the widespread expectation among service providers and families alike that they cannot get or afford help needs to be actively changed; however, it is now fully achievable in states that provide a full benefit package of health and mental health services to all adults. Therefore, this is the moment to motivate and inform change.

It is also important to note that beyond maternal depression, a broader range of mental health and substance abuse issues are also widespread among the most vulnerable families, including those that come in contact with the child welfare system.^{xi} Again, the ACA offers a newfound opportunity to improve parenting and reduce child maltreatment - an opportunity that the Committee could move forward effectively by gathering the evidence that shows the likely positive effects for children if parents’ behavioral health problems could be identified and treated early. This area may also benefit from the kind of nested strategy described earlier – a large-scale effort to ensure that low-income parents get the behavioral health services they need to improve their own and their children’s lives, along with targeted individualized interventions for the most needy, vulnerable, traumatized, or isolated.

Recommendation:

- *The previous IOM report on maternal depression has already synthesized the research on its prevalence, implications for parenting and child development, and access to treatment. This report could update that work and then highlight the extraordinary new policy opportunities that were not present at the time of the previous report.*
- *The Committee could also synthesize the research on the role of a broader range of mental health and substance abuse problems in problematic parenting, including abuse and neglect; what is known about access to and receipt of treatment for parents (for example, the striking number of parents referred to child welfare who have mental health problems but get no treatment at all);*

and what is known about the effectiveness of treatment as part of a strategy to improve parenting.

- *The panel could do a specific hearing on the topic of medical and behavioral health problems and parenting, or in some other way, collect information and synthesize the evidence. The hearing could also address policy barriers to mental health treatment and policy solutions.*

Parenting Difficulties and Stress Related to the Circumstances of Low-Wage Work

Many parents struggle with balancing the demands of work and raising children. But parenting can be especially difficult for low-income workers who struggle to meet their children's basic needs and support their development with limited economic means. Moreover, the nature of employment among the working poor can make it difficult to raise children, creating great hurdles for parents who are trying to better their lives and their children's lives.^{xii}

Paid Leave. Lack of access to paid leave, including sick days and family and medical leave, poses particular challenges for children's health and early development and for parents' capacity to balance parenting with stable work and economic security. Since no federal law provides private sector workers with paid leave, employers determine whether or not employees will have access to such leave. About 40 percent of low-income parents have no access to any paid time off (i.e., no sick days or medical leave, no parental leave, no vacation), making it difficult to care for their own health issues, new babies, or sick children.^{xiii} Without leave, parents risk losing wages or jobs. In fact, one in seven low-wage workers (and one in five low-wage working mothers) report losing a job within the past four years because they were sick or needed to care for a family member.^{xiv}

Only 30 percent of low-wage workers, defined as those in the bottom 25 percent of average wages, have access to paid sick days, compared to 84 percent of the top quartile of wage earners.^{xv} As a result, parents are often forced to miss appointments that are critical to their own and their children's preventive health care, such as well doctor visits and immunizations.^{xvi} A mere 5 percent of low-wage workers have access to paid family leave to care for a newborn or a sick relative.^{xvii} All forms of paid leave have implications for child health and well-being. When parents have access to leave, their children have lower mortality rates and higher birth weights. Parents with leave are better able to care for children with special health care needs and breastfeed for longer. Furthermore, a growing body of evidence shows that children's cognitive and social development may be enhanced when parents have paid leave.^{xviii} Parents without leave may return to work soon after the birth or adoption of a child to make ends meet and may be unable to afford the high costs of quality infant care, putting infants' health and development at risk.

Volatile Scheduling Practices. Particularly in lower-wage jobs, unpredictable and unstable schedules are becoming the norm. This means that many workers receive their schedules at the last minute, days or hours before they are to work; have little input into their schedules; get shifts that fluctuate from week-to-week; and have unexpected rises and falls in the number of hours they receive (along with their paychecks). These volatile scheduling practices make maintaining an already delicate balance of work, family, education, and more nearly impossible for parents.

Such job schedules make it difficult for working parents to secure stable child care, hold second jobs (often needed to make ends meet with low-wage jobs), and take classes or training necessary to find better paying work.^{xix} In addition to the effects of volatile schedules on families' economic security, stress associated with these practices may have a negative impact on children's development.^{xx}

Recommendations:

- *The Committee should compile evidence about the relationship between low-wage work and job stress and their effects on parenting, as well as research on how better public policies—including an increase in the minimum wage, advance notice of job schedules, the right to request and receive flexible and predictable job schedules, minimum hours, paid family and medical leave, paid sick days, and access to affordable, high-quality child care—could support parents in their dual roles as breadwinners and caregivers.*
- *Enforcement of existing labor protections, such as overtime, wage-theft, unpaid family and medical leave, and minimum wage laws, is crucial to ensuring working parents succeed in their jobs and at home. In states and localities with paid leave or scheduling protections, effective enforcement is also essential.*

Income and Work Support Challenges

The lowest income parents who struggle to cover the basic necessities of life have less time and attention to devote to their children. Poverty and economic hardship increase pressure on a mother, which in turn affects her ability to provide nurturing and supportive parenting and may result in harsh parenting and other behaviors.^{xxi} Improvements in the areas of income and work supports for families could play a role in improving the conditions under which the most vulnerable parents are raising children.

For example, what was once a key income support for many low-income mothers, the Temporary Assistance for Needy Families (TANF) program, now has far less influence. The share of poor children receiving TANF benefits has fallen from 55 percent in 1997 to 21 percent in 2013.^{xxii} This is both because eligibility levels for TANF are set so low that even part-time work at the minimum wage disqualifies parents from receiving benefits in many states, and because many parents with incomes low enough to qualify for TANF do not receive it due to time limits, sanctions, or other barriers to participation. Furthermore, those families who actually receive TANF still face many hardships, because benefit levels are extremely low. The maximum grant amount for a family of 3 with no other earnings living in the median state is just \$428 per month. These benefits are simply inadequate for families to cover their basic needs. When just looking at housing costs, benefits provided to a family of 3 with no other earnings were below the Fair Market Rent for a two-bedroom apartment in every state; in fact, in 29 states, benefits covered less than *half* of the Fair Market Rent.^{xxiii}

All too often, TANF policies create additional hardships for recipients, making it more difficult for both parents and children to thrive. Rather than relieving a portion of the stress that poor families face, TANF policies add to it, such as through the widespread focus on immediate employment for parents receiving TANF assistance (often referred to as “work first”), which even includes the parents of infants. This “work first” focus ignores the conflicts between the needs of children and their parents and the realities of today's low-wage labor market.

Recommendations:

- *The Committee should explore what is known within the larger body of research on the impact of income and work support programs on parenting and the short and long-term outcomes for children. Consistent with the Committee's charge, it would be particularly helpful to focus on young children in this search. For the most vulnerable families – for example, homeless families, families that have lost needed TANF benefits, and families disconnected from welfare and work – the Committee could explore any available research on the implications for parenting and policy choices that may exacerbate parenting problems or improve parenting skills. Furthermore, the Committee could compile research that would help inform choices that states could make regarding TANF policies for families with very young children – such as avoiding sanctions or cut-offs while children are at vulnerable ages, or ensuring follow-up services – as well as state and local choices regarding housing and homelessness prevention policies for families with young children.*
- *The Committee should explore options for a package of policies that support income and housing stability for low-income parents, including short-term and longer-term strategies. As with the other policy areas, the idea would be to frame broad policy options and then to consider nesting more intensive individualized supports within those broader options.*

Conclusion

Thank you again for the opportunity to offer input to the Committee's important work. We hope these comments are helpful, and we would be delighted to offer further suggestions on relevant research and policy opportunities at the Committee's convenience. Please contact Stephanie Schmit at sschmit@clasp.org or 202-906-8008 if we can provide any additional information.

Related CLASP Resources:

- New Census Data Tell Us That Poverty Fell in 2013: Children and Young Adults Still Face the Greatest Risks: <http://www.clasp.org/resources-and-publications/publication-1/2014.09.16-Census-Bureau-Poverty-Data-Report-FINAL.pdf>
- Thriving Children; Successful Parents: A Two-Generation Approach to Policy: <http://www.clasp.org/resources-and-publications/publication-1/Two-Gen-Brief-FINAL.pdf>
- Wages Lost, Jobs at Risk: <http://www.clasp.org/resources-and-publications/publication-1/2015-02-03-FMLA-Anniversary-Brief-3.pdf>
- Access to Paid Leave: An Overlooked Aspect of Economic & Social Inequality: http://www.clasp.org/resources-and-publications/publication-1/2014-04-09-Inequities-and-Paid-Leave-Brief_FINAL.pdf
- Tackling Unstable and Unpredictable Work Schedules: <http://www.clasp.org/resources-and-publications/publication-1/Tackling-Unstable-and-Unpredictable-Work-Schedules-3-7-2014-FINAL-1.pdf>

- Scrambling for Stability: The Challenges of Job Schedule Volatility and Child Care: <http://www.clasp.org/resources-and-publications/publication-1/2014-03-27-Scrambling-for-Stability-The-Challenges-of-Job-Schedule-Volat-.pdf>
- Maternal Depression: Why it Matters for an Anti-Poverty Agenda for Parents and Children: <http://www.clasp.org/resources-and-publications/publication-1/Maternal-Depression-and-Poverty-Brief-1.pdf>

ⁱ Jack P. Shonkoff, Andrew S. Garner, et al. “The Lifelong Effects of Early Childhood Adversity and Toxic Stress,” *Pediatrics* 129, (2012).

ⁱⁱ CLASP calculations of the United States Census Bureau, *American Community Survey* data, “Table B17024 - Age By Ratio Of Income To Poverty Level In The Past 12 Months,” <http://www.census.gov/acs/>.

ⁱⁱⁱ CLASP, *New Census Data Tell Us That Poverty Fell in 2013: Children and Young Adults Still Face the Greatest Risks*, 2014, <http://www.clasp.org/resources-and-publications/publication-1/2014.09.16-Census-Bureau-Poverty-Data-Report-FINAL.pdf>.

^{iv} Helen Blank, Karen Schulman, and Lauren Frolich, *Nearly One in Five Working Mothers of Very Young Children Work in Low-Wage Jobs*, National Women’s Law Center, 2014, http://www.nwlc.org/sites/default/files/pdfs/mothers_of_young_children_in_low_wage_jobs.pdf.

^v Abt Associates Inc., *Family and Medical Leave in 2012: Technical Report*, U.S. Department of Labor, 2014, <http://www.dol.gov/asp/evaluation/fmla/FMLA-2012-Technical-Report.pdf>.

^{vi} Ibid.

^{vii} Tracy Veriker, Jennifer Macomber, and Olivia Golden, *Infants of Depressed Mothers Living in Poverty: Opportunities to Identify and Serve*, Urban Institute, 2010, <http://www.urban.org/UploadedPDF/412199-infants-of-depressed.pdf>.

^{viii} Ibid.

^{ix} National Research Council and Institute of Medicine (NRC/IOM), *Depression in Parents, Parenting, and Children: Opportunities to Improve Identification, Treatment, and Prevention*, 2009.

^x Center on the Developing Child at Harvard University, “Maternal Depression Can Undermine the Development of Young Children.” Working Paper 8, 2009.

^{xi} Olivia Golden and Dina Emam, *How Health Care Reform Can Help Children and Families in the Child Welfare System Options for Action*, Urban Institute, 2013, <http://www.urban.org/UploadedPDF/412842-how-health-care-reform-can-help.pdf>.

^{xii} CLASP, Retail Action Project, and Women Employed, *Tackling Unstable and Unpredictable Work Schedules*, CLASP, 2014, <http://www.clasp.org/resources-and-publications/publication-1/Tackling-Unstable-and-Unpredictable-Work-Schedules-3-7-2014-FINAL-1.pdf>.

^{xiii} Katherin Ross Phillips, *Getting Time Off: Access to Leave among Working Parents*, 2004 <http://www.urban.org/publications/310977.html>.

^{xiv} Oxfam America, *Hard Work, Hard Lives: Survey Exposes Harsh Reality Faced by Low-Wage Workers in the US*, 2013, <http://www.oxfamamerica.org/files/low-wage-worker-report-oxfam-america.pdf>.

^{xv} United States Department of Labor, Bureau of Labor Statistics, “Table 32. Leave benefits: Access, private industry workers,” *National Compensation Survey*, 2013, <http://www.bls.gov/ncs/ebs/benefits/2013/ownership/private/table21a.htm>.

^{xvi} Alison Earle and Jody Heymann, “Working Conditions and Parents’ Ability to Care for Children’s Preventive Health Needs,” *Journal of primary care & community health* (2013); Alina Salganicoff et al., *Women and Health Care in the Early Years of the Affordable Care Act*, Kaiser Family Foundation, 2014, <http://kaiserfamilyfoundation.files.wordpress.com/2014/05/8590-women-and-health-care-in-the-early-years-of-the-affordable-care-act.pdf>.

^{xvii} United States Department of Labor, Bureau of Labor Statistics, “Table 32. Leave benefits: Access, private industry workers,” *National Compensation Survey*, 2013, <http://www.bls.gov/ncs/ebs/benefits/2013/ownership/private/table21a.htm>. See Liz Ben-Ishai, *Access to Paid Leave: An Overlooked Aspect of Economic & Social Inequality*, CLASP, 2014, http://www.clasp.org/resources-and-publications/publication-1/2014-04-09-Inequities-and-Paid-Leave-Brief_FINAL.pdf.

^{xviii} Curtis Skinner and Susan Ochshorn, *Paid Family Leave: Strengthening Families and Our Future*, National Center for Children in Poverty, 2012, http://www.nccp.org/publications/pdf/text_1059.pdf; CLASP and Breastfeeding Taskforce of Greater Los Angeles, *Paid Family Leave: A Crucial Support for Breastfeeding*, 2013, <http://www.clasp.org/resources-and-publications/files/Breastfeeding-Paid-Leave.pdf>.

^{xix} On challenges accessing child care, see, Liz Ben-Ishai, Hannah Matthews, and Jodie Levin-Epstein, *Scrambling for Stability: The Challenges of Job Schedule Volatility and Child Care*, CLASP, 2014, <http://www.clasp.org/resources-and-publications/publication-1/2014-03-27-Scrambling-for-Stability-The-Challenges-of-Job-Schedule-Volat-.pdf>.

^{xx} Pamela Joshi and Karen Bogen, “Nonstandard Schedules and Young Children’s Behavioral Outcomes Among Working Low-Income Families,” *Journal of Marriage and Family* 69 (2007).

^{xxi} Olivia Golden, Marla McDaniel, Pam Loprest, and Alexandra Stanczyk, *Disconnected Mothers and the Well-Being of Children: A Research Report*, Urban Institute, 2013, <http://www.urban.org/UploadedPDF/412815-Disconnected-Mothers-and-the-Well-Being-of-Children.pdf>.

^{xxii} Gilbert Crouse and Annette Waters, *Welfare Indicators and Risk Factors: Thirteenth Report to Congress*, U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Office of Human Services Policy, 2014, http://aspe.hhs.gov/hsp/14/indicators/rpt_indicators.pdf. Updated by CLASP based on caseload and Current Population Survey (CPS) data.

^{xxiii} Ife Floyd and Liz Schott, “TANF Cash Benefits Have Fallen by More than 20 Percent in Most States and Continue to Erode,” *Center on Budget and Policy Priorities*, October 30 2014, <http://www.cbpp.org/cms/index.cfm?fa=view&id=4222>.