

Evaluating Community Approaches to Preventing or Mitigating Toxic Stress

Research Brief 5

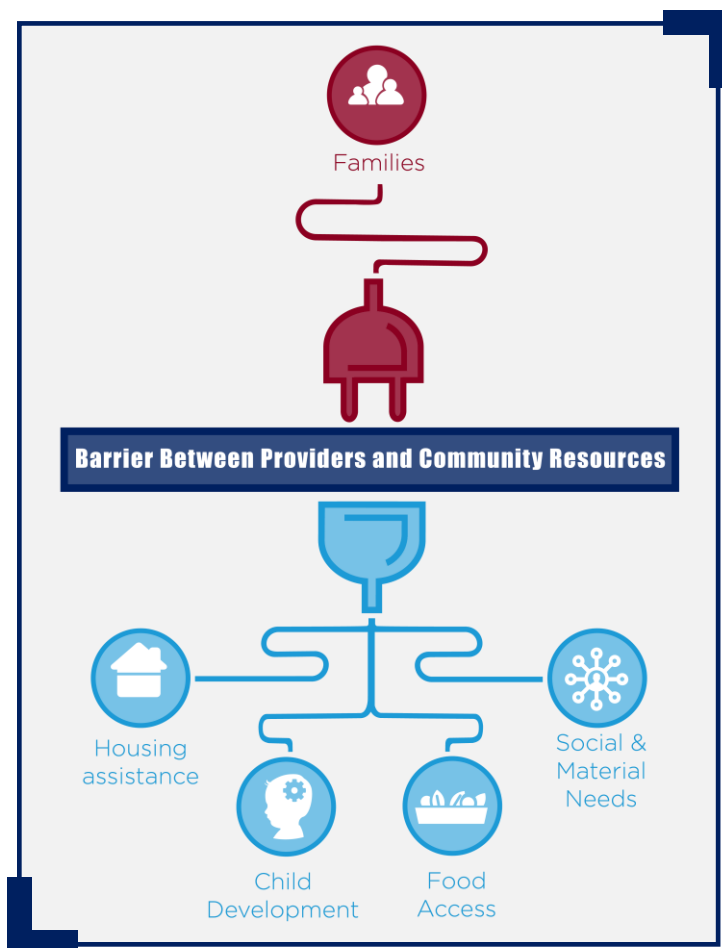
Getting Connected: Referrals for Family Support in Early Childhood

July 2020

This brief, fifth in a series, reports on the functions of a central referral system, Help Me Grow, as a resource for families, community-based organizations, and health care providers to connect families to a variety of services and local resources that benefit young children.

Overview




Parents and other caregivers often ask their children's health and early care providers for parenting advice. They may also rely on these professionals for information about how to get help with unsafe or unstable housing situations, food access, and other social and material needs. However, these providers are not necessarily experts in helping families navigate the community service sector. This landscape is constantly evolving¹ and individual providers can find it hard to connect families to the right resources. Families also report they get frustrated when they cannot access services in a timely, efficient manner. To address this, many communities are investing in call centers or online searchable databases to help connect families to available service providers and other local resources, like play groups or parenting classes.² These central referral systems can have different functions, such as managing a referral network, providing service directories, and helping coordinate the referral process. Some also provide a direct entry point for parents and other caregivers seeking information or resources (see Table 1). Central referral systems help connect



families to services, but hurdles remain. First, parents may be unaware of central referral systems or hotlines, or misunderstand their purpose.³ Second, these systems are only as robust as their referral networks. If health care and community providers do not address child development and social needs in their interactions with families, they are less able to systematically connect families to services.⁴ Third, some health care and community providers may prefer to make a direct referral, believing it is more straightforward for families.⁵ Understanding and addressing these barriers—including ensuring that central referral systems provide value in terms of support for families—is particularly important in the context of the current COVID-19 pandemic, where provider availability and family needs are changing quickly.

This brief describes parent, health care provider, and community provider perspectives on the first steps in the referral process, identifying needs and asking for help. For this study, we focused on the Help Me Grow system model, which includes a central referral entry point accessible by phone and active outreach by staff to build family, community, and health care providers' understanding of healthy child development and referral processes. Help Me Grow local affiliates maintain a directory of available services, connect providers to each other, and support families by listening to them, linking them to services, and providing ongoing support. We highlight three findings related to the role played by these central referral systems in helping parents and providers navigate referral pathways in study communities.

Table 1. Functions Supported by Different Central Referral System Models

 General call center and referral mechanisms (e.g., 2-1-1 call centers)	 Internet-based database and referral mechanisms (e.g., OneDegree)	 Child development-focused call center and referral mechanisms (e.g., Help Me Grow system)
✗ Coordinate provider-initiated referral process	✓ Coordinate provider-initiated referral process	✓ Coordinate provider-initiated referral process
✓ Maintain referral network	✓ Maintain referral network	✓ Maintain referral network
✓ Provide service directories	✓ Provide service directories	✓ Provide service directories
✗ Provide training for providers	✗ Provide training for providers	✓ Provide training for providers
✓ Offer direct entry point for parents	✗ Offer direct entry point for parents	✓ Offer direct entry point for parents
✗ Follow-up care coordination for support and connection to service	✗ Follow-up care coordination for support and connection to service	✓ Follow-up care coordination for support and connection to service

Methods

For this study, we partnered with the Help Me Grow National Center, Help Me Grow California, and three Help Me Grow County Affiliates (Help Me Grow Alameda County, Help Me Grow Orange County, and Help Me Grow Santa Clara County) and their lead early childhood organizations (First5 Alameda County, First5 Orange County, and FIRST 5 Santa Clara County; see Table 2).

Table 2. Structure of Participating Central Referral Networks

Affiliate	Supports	Years Active
	<ul style="list-style-type: none"> Standalone Help Me Grow phone line Online developmental questionnaire 	Affiliate since 2011
	<ul style="list-style-type: none"> Phone line integrated with 2-1-1 Orange County and standalone Help Me Grow phone line Online developmental questionnaire and referral form 	Affiliate since 2005
	<ul style="list-style-type: none"> Phone line integrated with existing behavioral health phone line, service network, and feedback loop process that launched in 2006 (KidConnections) 	Affiliate since 2015

We conducted 60-minute, in-person focus groups with parents served by Help Me Grow and community providers. We also conducted 30-minute phone interviews with health care providers and Help Me Grow staff (see Table 3). The focus groups and interviews focused on screening, referral, and linkage processes and the value of a central referral system for each type of stakeholder.

Table 3. Description of Data Sources and Participants

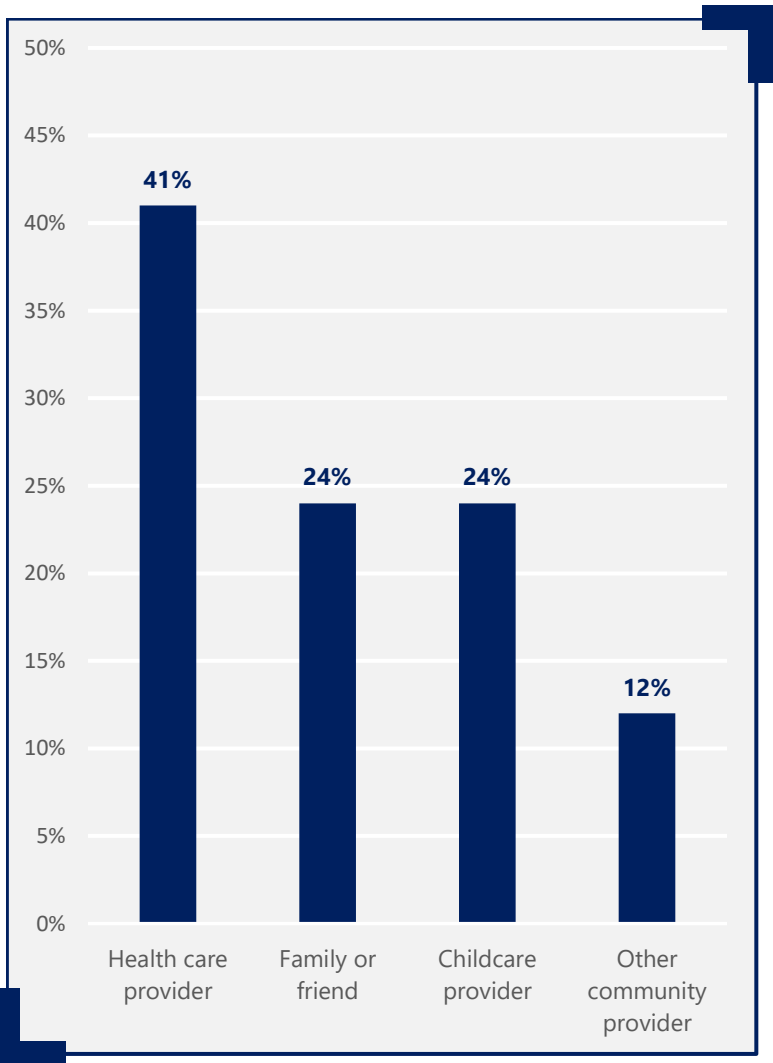
Encounter	Participants	#	Characteristics
Focus groups	Spanish- and English-speaking parents	17	Parents with at least one child age 3 or younger and contact with <i>Help Me Grow</i> call center in the prior 6 months.
	Community provider	24	Key community referral partners or organizations that <i>Help Me Grow</i> prioritized for future partnership development.
Interviews	Pediatric primary care providers	11	Key health care referral partners or organizations that <i>Help Me Grow</i> prioritized for future partnership development.
	<i>Help Me Grow</i> local staff	13	Participants of varying professional backgrounds and roles identified as key team members by Help Me Grow program leads.

Findings

Finding 1. Parents most commonly learned about Help Me Grow through their child’s health care provider. When providers linked parents to Help Me Grow, parents felt more empowered to seek services for children and other family members.

Parents most commonly learned about Help Me Grow through their child’s health care provider (41%, *n* = 7), followed by their network of family and friends (24%, *n* = 4) or their childcare provider (2%, *n* = 4).

Figure 1. Parent Reports about How They First Learned about Help Me Grow (*n* = 17)



Overall, parents stressed that it had been important that their child’s health care provider referred them to or talked with them about Help Me Grow. Parents acknowledged the importance of word-of-mouth recommendations from family or friends, and also

described a health care provider’s recommendation as being impactful for their decision making. They described both raising concerns with their child’s health care provider because of their expertise and feeling that it was important to take action based on the guidance the provider offered. One explained, “My pediatrician told me [Help Me Grow] is a program that would help me and assist me in almost all the aspects that have to do with my children.” Provider descriptions about what information the family would be asked to provide and a timeline for when to expect to be contacted by Help Me Grow helped parents feel more confident about using the central resource network.

Parents also consistently reported discomfort with needing help to address child and family needs. Parents expressed perceived stigma around asking for help and worried that participation in the central referral system might cause education or child welfare systems to label their child. They also described their own unwillingness to admit they or their child might need help. One parent participant said, “[Parents] don’t want to think their child has a condition. They say the child is fine, it’s normal.”

Parents also discussed the influence of negative experiences they had interacting with health care and other bureaucratic systems. This indicates that training and support for health care providers on how to manage these conversations are critical to increasing family access to central referral systems and services. In particular, parents suggested that it was critical to position the central referral system as a resource for all parents. Providers also suggested that they could offer families more effective in-person support if they had more feedback about referral progress from Help Me Grow.

Finding 2. Parents consistently reported that Help Me Grow staff prepared them to navigate the referral process and pursue their preferred service options.

Parents who connected with Help Me Grow directly or through providers found the process straightforward and prompt. They described these phone interactions as providing positive, informative, and efficient support. They characterized Help Me Grow staff as easy to talk to and knowledgeable: “[Call center staff] sounded very sweet. She just sounded like [she] wanted to listen to me, you know what I mean? And wanted to screen me—what do you need? What’s your concern?” Parents stressed the importance of being able to speak to someone who was both knowledgeable about family and child needs

and could access up-to-date information about service providers. They said these interactions helped address doubts, fears, or stigma related to participating in early childhood and community services.

Help Me Grow staff helped families learn about different service options and identify which ones to pursue. One parent explained, “[Help Me Grow] gave me lots of options, they gave me lots of help.” Some participants reported feeling more confident in their decisions as a result of these conversations. One parent reported, “I feel like I have something in my bag if I have any questions. I can just pick up the phone and call.” At the same time, parents offered feedback to Help Me Grow about the quality or supply of the actual services. These issues should be addressed by the community service provider; the referral system has limited capacity to handle these issues.

Finding 3. Help Me Grow’s care coordinators and up-to-date service directories helped increase family access to services, according to health care and community providers.

Health care and community providers consistently identified the work of Help Me Grow’s call center staff as phone-based care coordinators for families as adding value to their health care and community system. These staff help arrange for screenings, call around to local service providers to identify openings and shorter waitlists, and follow up with families to make sure that they connected with referred services. Providers said that Help Me Grow’s care coordinators served as a particularly important support for families experiencing multiple stressors and juggling responsibilities. For example, some health care providers reported that although they generally knew how to make appropriate direct referrals, families benefitted from the follow-up and other case management services provided by Help Me Grow. One health care provider said, “The thing I like about Help Me Grow is, is that they do a much better job coordinating all of the different referrals. And helping that family navigate, and having a single point of contact with the early intervention system, the early special education preschool system.” Further, providers cited Help Me Grow staff’s familiarity with multiple service systems and languages spoken by staff as assets.

Health care and community providers described generally wanting to be cautious about discussing service options with families. They perceived Help Me Grow as a “one-stop shop” for development in their community and turned to Help Me Grow to communicate accurate information to families. In all three communities, health care and community provider participants positively described the quality of information maintained by Help Me Grow compared to other family navigation services that were available (such as through the local school district, private payers, and for children older than age 8). Providers also emphasized the value to families of being able to talk to Help Me Grow staff at any time and without a formal referral, which helped providers sensitively address family concerns. A community provider explained that her agency provided every family with information about Help Me Grow as part of their first visit, proactively introducing the centralized referral system as a resource. Similarly, to the extent families go on to access Help Me Grow, health care providers described this central referral system as addressing concerns they cannot consistently address during a 15-minute health care visit.



Help Me Grow
Care
Coordinators

Trained child development professionals who connect with families over the phone and assist them with identifying appropriate, individualized services for their children through their up-to-date service directory.



Service
Directories

Database of local child development, healthcare, behavioral, educational, and other services and programs that Help Me Grow staff maintain through networking and community outreach.

“Help Me Grow becomes an additional support to say, ‘This is who you really should call to see about finding something that could be accessed in your neighborhood, to help you.’”
– Community provider

Recommendations

The COVID-19 crisis is driving new demand for help addressing a secondary curve of lost income, insecure housing, scarcity of food and basic supplies, lack of early care and education services, and other contributors to toxic stress experiences for young children. Findings from this study suggest that robust central referral systems are a promising model for communities. These systems ultimately reduce contributors to toxic stress and promote family protective factors during this unprecedented time. The following recommendations can enhance these systems’ effectiveness:

- **Continue to train and support health care and community providers on effective communication and up-to-date messaging for talking with families about community referral system processes.** Families consistently cited the importance of supports and referrals from providers whose expertise and opinions they valued, but also mentioned that the explanations they received were, at times, quick or confusing. Consider supporting more training opportunities (including nonclinical staff that administer screenings, talk with families, and manage care coordination) about the referral systems process and how it best serves families.
- **Potential role for community in supporting messaging around referrals and elevating gaps in service supply.** Word of mouth remains an important tool for families seeking information and help addressing needs. Building a peer-driven referral channel—such as a network of family champions trained and supported by Help Me Grow staff to lead outreach about child development and community services—is one promising avenue for increasing family familiarity with Help Me Grow as a resource.
- **Continue to prioritize feedback loops with health care and community providers.** Providers are better positioned to support families to participate in services when they understand progress, or lack thereof, in a referral. Providers in each of these settings may have important and unique insights into a parent’s level of interest in a referral.

Mitigating Toxic Stress Study Overview

The Mitigating Toxic Stress study is investigating family engagement with pediatric care during their infant's first year of life. This multi-year developmental evaluation documents family, clinic, and community experiences with three pediatric health innovations created to mitigate and prevent downstream conditions related to early childhood adversity:

- Developmental Understanding and Legal Collaboration for Everyone (DULCE) model
- Improving Screening, Connections with Families, and Referral Networks (I-SCRN) model
- Help Me Grow system model

The study includes five communities: Alameda County (CA), Los Angeles County (CA), Orange County (CA), Lamoille County (VT), and Palm Beach County (FL).

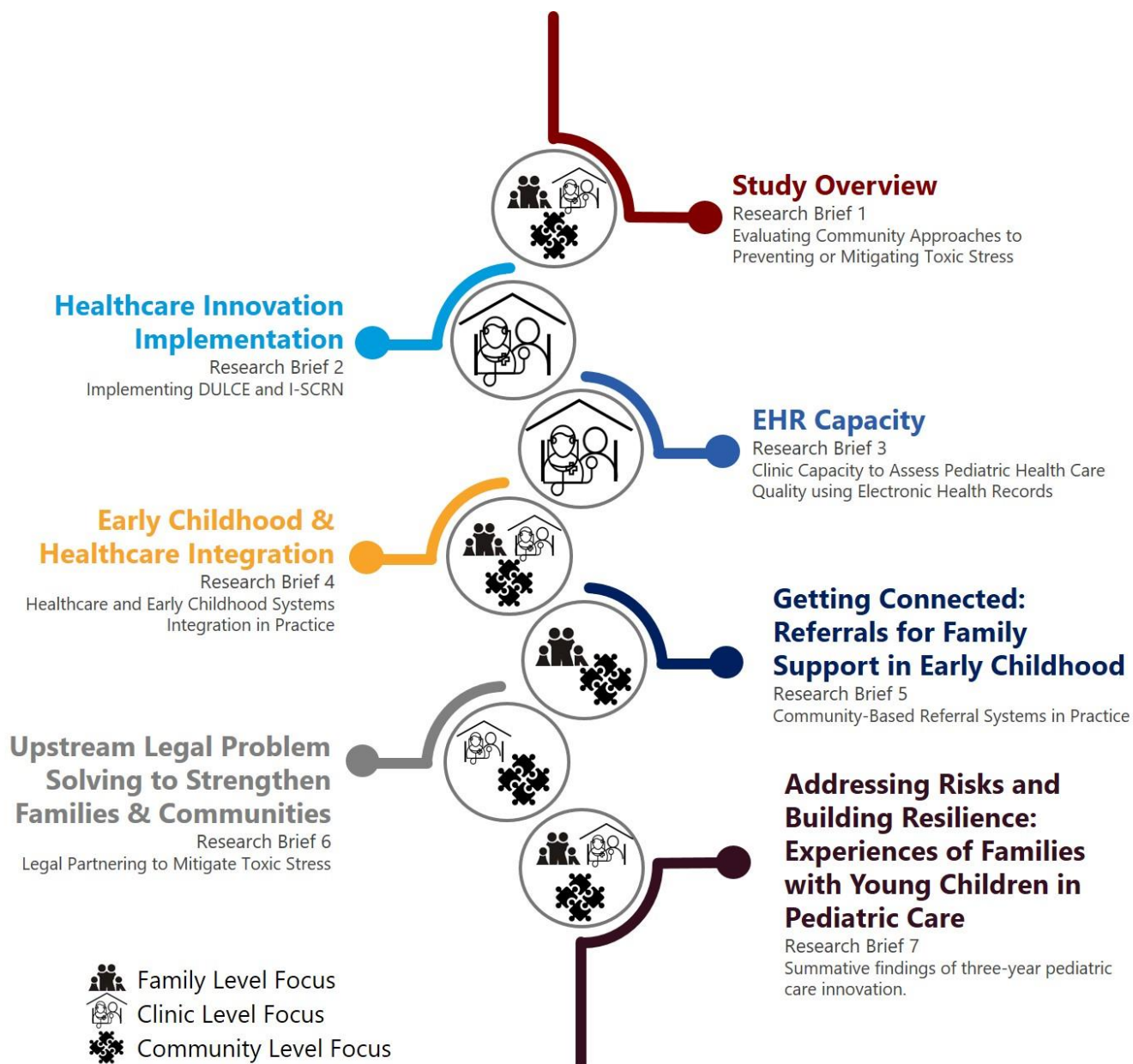
The main study components are:

- **Family longitudinal surveys.** In-person surveys with 908 families of infants about risk, resilience, and pediatric care experiences. Surveys are conducted at three time points: when their baby was newborn–6 months, 8–10 months, and 12–15 months.
- **Pediatric health innovation interviews and focus groups.** Qualitative interviews with clinic staff and partner agencies collaborating on the pediatric health innovations and family focus groups. Ten clinics are participating in the study.
- **Rapid-cycle feedback and co-interpretation.** Point-in-time feedback and review of emergent themes with pediatric health innovation team members and families.
- **Community systems interviews and focus groups.** Qualitative interviews with early childhood organization leaders and focus groups with community providers and families receiving early childhood services.
- **Administrative data analysis.** Analysis of health care quality and utilization using clinic electronic health record and Medicaid data.

The Center for the Study of Social Policy, American Academy of Pediatrics, and Help Me Grow National Center provide leadership and technical assistance to the communities and clinics implementing the pediatric health innovations and are national partners in this evaluation.

Chapin Hall at the University of Chicago is committed to delivering actionable recommendations from our research to inform our partners, policymakers, and the early childhood field, broadly. Figure 3, below, outlines the timeline for a series of research briefs tailored to clinics, families, and national partners that highlight our key study findings.

Figure 3. Evaluating Community Approaches to Preventing or Mitigating Toxic Stress: Research Brief Series



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The opinions, findings, and recommendations expressed in this publication are solely those of the authors and do not necessarily reflect those of The JPB Foundation, Help Me Grow National, Help Me Grow California, Help Me Grow affiliates, or our clinic partners.

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¹ Knowles, M., Khan, S., Palakshappa, D., Cahill, R., Kruger, E., Poserina, B. G., . . . Chilton, M. (2018). Successes, challenges, and considerations for integrating referral into food insecurity screening in pediatric settings. *Journal of Health Care for the Poor and Underserved*, 29(1), 181–191.

² For example, see Cartier, Y., Fichtenberg, C., & Gottlieb, L. (2019). *Community resource referral platforms: A guide for health care organizations*. San Francisco, CA: Social Interventions Research & Evaluation Network. Retrieved from: <https://sirenetwork.ucsf.edu/tools-resources/resources/community-resource-referral-platforms-a-guide-forhealth-care-organizations>.

³ For example, see Kogan M. D., Schuster, M. A., Yu, S. M., Park, C. H., Olson, L. M., Inkelas, M., . . . Halfon, N. (2004). Routine assessment of family and community health risks: Parent views and what they receive. *Pediatrics*, 113(6 suppl), 1934–1943; Silverstein, M., Mack, C., Reavis, N., Koepsell, T. D., Gross, G. S., & Grossman, D. C. (2004). Effect of a clinic-based referral system to Head Start: A randomized controlled trial. *JAMA*, 292(8), 968–971.

⁴ Bogin, J. (2006). Enhancing developmental services in primary care: The Help Me Grow experience. *Journal of Developmental and Behavioral Pediatrics*, 27(1), S8–S12; Hughes, M., Joslyn, A., Wojton, M., O'Reilly, M., & Dworkin, P. H. (2016). Connecting vulnerable children and families to community-based programs strengthens parents' perceptions of protective factors. *Infants and Young Children*, 29(2), 116–129.

⁵ For example, see Honigfield, L., & McKay, K. (2006). Barriers to enhancing practice-based developmental services. *Journal of Developmental & Behavioral Pediatrics*, 27(1), S30–S33; Tuot, D. S., Leeds, K., Murphy, E. J., Sarkar, U., Lyles, C. R., Mekonnen, T., & Chen, A. H. (2015). Facilitators and barriers to implementing electronic referral and/or consultation systems: A qualitative study of 16 health organizations. *BMC Health Services Research*, 15(1), 568.