GOOD SERVICES LAB

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Family-Friendly Service Design to Support Recovery

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About the Good Services Lab

The Good Services Lab, led by Kimberlyn Leary, Ph.D., MPA, is a think-and-do lab based at the Bloomberg Center for Cities at Harvard University. The lab supports current and future government and community leaders in data-driven innovation and in collaborating across boundaries to advance resident outcomes.

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Introduction

Navigating the U.S. healthcare system can be time-consuming, confusing, and inconvenient. Parents, especially, know these challenges keenly. Many of us have had the experience of trying and failing to make an appointment, juggling multiple forms plus young children in clinic waiting rooms, or needing to see a specialist that is simply too hard to fit into our busy schedules.

These challenges are magnified for parents seeking treatment for substance use disorders. Substance use disorders (SUDs) impact millions of American families today. In 2023, a quarter of children in the United States had at least one parent with a substance use disorder. The rate of children who have lost a parent to substance use disorder has more than doubled in the last decade, despite record-breaking demand from parents for recovery care. Parents with SUDs need more support if they are to access the recovery care they want and need. Though all parents with SUDs are affected, mothers,[1] in particular, face multiple, magnifying burdens: They require unique peripartum medical care and face significant stigma and barriers in accessing recovery care, including the fear of judgment and mistreatment, criminal liability, and the loss of custody of their children. These challenges amount to critical shortcomings in the design of these services for parents with an SUD.

These challenges are even more severe in cities. Cities and urban areas face higher overdose rates overall compared to rural areas. Cities also face unique challenges in addressing this crisis. Accessibility of public transportation, an overwhelmed healthcare workforce, and service "deserts" in behavioral health care and affordable child care options all impact whether a mother can access and complete treatment. The importance of child care is especially acute for mothers. Without quality, affordable, accessible child care options, mothers caring for their children cannot reliably meet with their treatment team post-pregnancy, reliably attend work, or achieve other important recovery treatment goals.

[1] Because of their unique care needs, access challenges, and service eligibility, this brief specifically centers "mothers" for service design. However, many of the design processes and solutions and supports described can be supportive for all parents.

Barriers to Care

Keri McCallum is a Program Director at the Green Clinic, leader of M.I.R.A.C.L.E. Mamas (Mothers in Recovery for Change, Leadership and Empowerment), and a mother to a seven-year-old and a five-year-old. But, as a mom in recovery herself, she knows firsthand how insurmountable the barriers to SUD care can be. For her, accessible child care proved particularly difficult: "When we moved, we didn't have any daycares that accepted vouchers. If we're being honest, I was embarrassed—it made me feel like no one had ever asked questions about vouchers or sliding scale fees," she shared. Yet, affordability is a huge concern facing many families throughout the U.S., with more than half of families spending over 20% of their household budget on child care.

Even if she was able to find a provider who accepted the state's voucher program, transportation remained a challenge. "I called everyone, I called the schools, the bus lines, every resource I could think of to get my kids to daycare, and no one could give me any answers," she said. "I hit a wall, where I felt like there was no one else to call, and it just became disheartening."

For the millions of mothers seeking treatment for substance use disorder through in-person programs, the barriers to care can be insurmountable:

- Mothers often need to secure child care through family or friends, or bring their children along with them because they lack other child care options.
- Finding efficient, affordable transportation that can also accommodate infants or children is challenging.
- It can be stressful for mothers to manage long waits and appointments, fill out onerous paperwork, and be able to engage in cognitively intensive therapy with young children in tow.
- Child care is often not affordable, and public subsidy or voucher programs may not be consistently available for families, or accepted at all child care centers.
- Mothers must take time off from work, and many have little to no paid medical leave.
- Mothers live with the near constant threat of involvement with state and local child welfare agencies, where one mistake could have drastic consequences for the entire family.

Sometimes, these circumstances amount to only a mere inconvenience. More often, however, they lead to serious consequences, like lost wages for mothers living paycheck-to-paycheck who don't have paid time off for caregiving emergencies or medical appointments. In the worst-case scenarios, they cause mothers to forgo critical health

care because they cannot afford to miss a paycheck, or are unwilling to risk patching together child care options that may carry more risk of sanctions and even child removal. Research conducted by the Federal Birth of a Child Customer Experience Team at the Office of Management and Budget between 2022 and 2024 identified 'lack of child care' as a major blocker to mothers completing substance use disorder treatment programs.

> I've seen moms who have foregone treatment for years because they never had anyone they could pass their little ones to. I have moms who feel it's a failure if they can't have their child being taken care of by someone they love and trust. They have struggled because they didn't have the support needed to recover.
>
> *– Patrice Price-Pierre, Promise in Boston, MA*

The lack of systemic solutions to support families leads to poor health outcomes, for both mothers and their children, during early developmental years that are critically important for a child's long-term success. It also contributes to our country's maternal health crisis, with 23 percent of preventable pregnancy related deaths being due to mental health conditions and substance use disorder.

> You may be getting five services, but if they don't blend in well, it's too much…The whole system is broken.
>
> *– Celestina Jones-DeJesus, New England Doula Support*

City efforts to reform these systems can get stuck because many of the services and supports targeted at people with SUD are funded and controlled at the federal and state levels and administered in private health systems. And yet, cities are often the sites that feel the impacts of SUD and the overdose crisis the strongest. When pregnant and parenting people with SUD are unable to access appropriate perinatal treatment for their SUD, it falls upon the city–through its shelters, social services, public health, policing, and housing systems, to name just a few–to compensate.

Yet this very proximity to families' lived realities gives city leaders a vantage point—and a kind of practical authority—that can lead to game-changing breakthroughs. Below, we explore how design methods and new orientations can help city leaders leverage the resources and expertise already in their city to break through systemic barriers to SUD care. Through interviews with experts from around the country, this Brief illustrates how Family-Friendly Service design can be a vantage point to make SUD care more accessible; not a lofty ideal, but a concrete, actionable playbook for improving treatment access and outcomes.

Family-Friendly Service Design

City leaders responsible for the health, well-being, and developmental outcomes of their residents are increasingly looking at how to improve customer experience at pivotal moments in their lives, including intervening sooner to more effectively disrupt the cycles of poverty and chronic health conditions for young families. Newborn Supply Kits and "baby bonds" policies are some of the outputs of this new wave of responsive service co-design with families.

What does it mean to create or reimagine SUD services around the family experience?

- ***Services are intentionally designed to center the needs of patients, their families, and the staff that provide the service.***

The experience of patients should be front and center, considering not only their needs for medical care but also their role as mothers to substance-exposed newborns and, often, caregivers for other children. It's also important to consider the impact of service design on others within a care team who are providing or managing related services. This could include child care providers, office receptionists, clinicians, or case workers—all of whom have important roles to play in improving family experience of a mother receiving SUD care. From flexible appointment scheduling, to acting as a navigator to help families connect to different resources, numerous staff members have an important role to play. If part of a service or process fails to work for these crucial staff members the delicate journey from one link of the "care chain" to another may fail to support the patient's recovery. **City leaders can support health care delivery** by using data to increase coordination of, and access to, supportive services, like mapping child care centers near SUD treatment programs and respite centers for women with children.

- ***The entire recovery journey is considered, understanding that each step is part of a bigger process.***

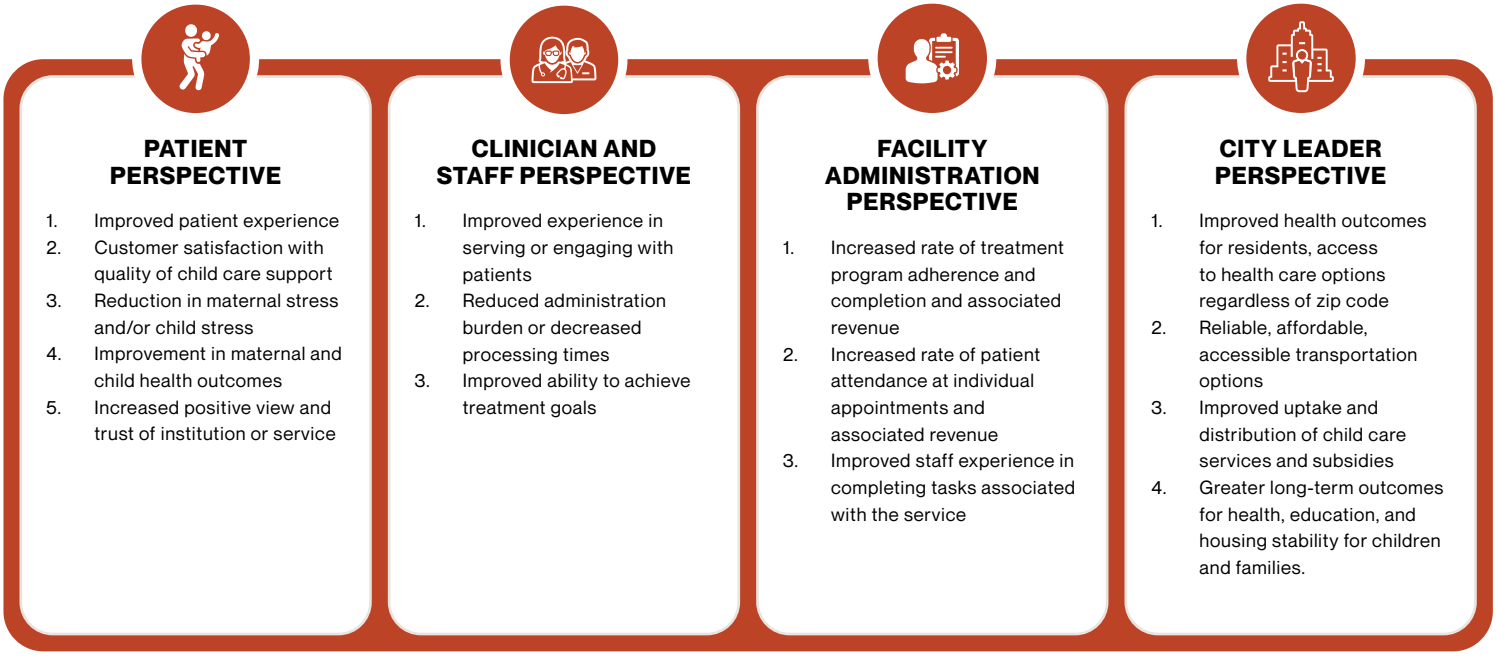
From learning about treatment options, to scheduling an appointment, to the greeting in the front office, to follow-through and follow-ups, recovery care is a combination of a long chain of tasks, settings, experiences, and providers. Mothers need to be able to easily and conveniently schedule, arrive at, participate in, and complete a set of outpatient treatment visits. Removing barriers to treatment could include: looking at appointment scheduling practices and understanding how these practices may intersect with mothers' ability to take time off from work, offering child care support, or helping

mothers secure transportation that works for them and their children. **City leaders can contribute to improved treatment adherence** by redesigning services to be more recovery oriented, looking at patient interactions with courts, policing, shelters, and housing that are more aligned with a model of partnership with mothers, sharing and reinforcing plans of safe care.

- ***Services are routinely assessed and iteratively improved based on data collection from those using the service.***

Service delivery improvement is an ongoing, iterative process that is continuously responsive to the needs of families and staff over time. **City leaders can improve family experience** by convening a cross-boundary task force, bringing together siloed parts of the ecosystem (for example, health care providers, child care providers, transportation, housing) to share information about under-resourced populations, develop a set of agreed-upon outcomes or measures, and create data dashboards that are updated and reviewed regularly to let all stakeholders track progress over time. There are different ways to assess program improvement and success, but it's important to begin the process with a shared goal or outcome that can form a "north star" for aligning stakeholders involved throughout the service delivery journey—developed in collaboration with each of these stakeholders.

Examples of shared goals across a coalition of stakeholders:



For City Leaders:
How to Enhance Child Care Services for Families

By designing with families, not around them, city leaders can center the full lived experiences of mothers and children, treating trust as new infrastructure, and shaping services that anticipate real-world constraints rather than assuming homogeneous families or ideal conditions. This requires tuning systems so that transportation, licensing, staffing, funding, and physical space work together for mothers rather than at cross-purposes against them. These are design principles grounded in both empathy and operational realism that are well within the reach of cities. By taking up this challenge—by experimenting, iterating, and building cross-boundary partnerships—**city leaders can transform SUD treatment from a maze that families must navigate alone into a coherent, supportive pathway toward stability, health, and possibility.**

1. Assemble Cross-Boundary Perspectives to Drive Innovative Problem-Solving:

a. Approach community challenges holistically, and convene and align stakeholders toward specific goals through cross-boundary collaboration.

b. Partner and work collaboratively with recovery and treatment facilities to understand their staff members' perspectives on organizational and client needs and challenges.

c. Map the stakeholder ecosystem, noting, especially, relationships between the child welfare system, the health care system, schools, housing, and families' experience, and proactively manage partnership between these groups.

d. Identify existing child care or child watch agencies to partner with SUD treatment programs.

2. Create Pathways for Sustainable Funding and Training:

a. Help facilities figure out blended funding opportunities for providing child care supports, eliminating family co-pays where possible (even a co-pay of $25 can be prohibitive), offsetting the costs of start-up, and supporting ongoing maintenance of physical spaces.

b. Identify and/or host trauma-responsive training for staff, and resources to help defray the cost of training, including continuous education and monitoring to ensure that training leads to the intended implementation.

c. Facilitate training opportunities to enable smaller organizations to offer these services, and support the development of a skilled child care provider workforce in the community.

3. *Centralize Information about Child Care Options:*

a. Help health care facilities understand what child care options are available in their area.

b. Create a central, public directory of child care centers, particularly those that accept families using child care subsidies or vouchers, which can help facilities figure out where to refer their families.

c. Be clear and transparent about how to use options for reimbursement of family, friends, and neighbors child care.

4. *Review and Modernize Regulations:*

a. Review existing regulations pertaining to child care and zoning, etc., and evaluate whether requirements still make sense or need to be updated. If so, identify staff resources to address.

b. Make it easy for child care entrepreneurs to understand local licensing and regulatory requirements, and enable them to clear bureaucratic hurdles.

c. Include facilities in the regulatory review and improvement process, and deeply understand their experience of going through these processes.

d. Make it clear what the distinction is between licensed child care and other types of care that don't meet regulatory requirements, and be transparent about these differences in public, plain language FAQs.

5. *Identify Opportunities for Physical Space:*

a. Identify real estate options that meet regulatory requirements for child care centers.

b. Invest in renovating or retrofitting existing buildings within a developed area for a school or daycare.

c. Create a pre-vetted list of real estate options that meet local requirements for daycare facilities, to assist entrepreneurs in finding and securing space.

d. Support health care facilities in understanding how to redesign parts of their spaces to address child care needs.

6. *Reimagine Public Transportation Options:*

a. Work with child care entrepreneurs and health facilities to assess public transportation options and ensure that families have alternatives that allow them to access services and bring children with them to facilities.

b. Think through potential solutions for families of different sizes and different age ranges of children, including space and accessibility for strollers.

c. Enter into public-private partnerships (P3's) to ensure families have different transportation options.

For example, in Indiana, the government has partnered with Lyft to provide transportation for families; many states and localities have pursued similar partnerships.

Innovations in Addressing Families' Child Care Needs

Lessons from City Clinics Working Across Boundaries

Health care clinics are often cities' front lines for family service delivery. Learning more about the family experience and the design adaptations clinics make to increase accessibility and service delivery for mothers in recovery can be instructive for city leaders.

When considering how to set up child care support for patients and their families, there are several key considerations:

1. **Building Trust:** Across all facilities interviewed, each stressed the importance of slowly and respectfully building trust with mothers and their children. This included strategies such as:

    a. training staff in child development, secure attachment, and trauma-responsive care;

    b. beginning with shorter lengths of care time and gradually expanding as relationships developed;

    c. recognizing cultural differences (and preferences) among families and making sure mothers and children felt welcome and comfortable in the facility's child care space.

2. **Staff:** Different facilities used different approaches. Some used volunteer hospital staff, while others used an informal network of local in-home daycare providers to refer families. Still others employed full time, licensed child care workers. Options may vary depending on state and local licensing rules. Regardless of which staffing model is chosen, each

facility we interviewed stressed the importance of appropriate training and awareness of the particular needs of mothers undergoing SUD treatment.

3. **Space:** Some facilities turned empty office space near session rooms into child-friendly play spaces, while others ensured that treatment areas themselves were child-friendly so that mothers could always have eyes on their child.

4. **Budget:** Child care solutions can run from a few thousand dollars to set up a child-friendly area of the facility for drop in care, to hiring licensed child care workers on an hourly basis for part time or drop in care, to significant annual operational and staffing costs for running an onsite daycare. The federal Child Care Development Fund program, managed by the Administration for Children and Families, may also create more opportunities for families to find affordable child care in their area; however it can be more challenging to find available providers in densely populated areas.

Picture: *Dartmouth Hitchcock Medical Center's PlayPals On-Site Play Space*

Based on interviews with innovative clinics, there are many ways that cities and health care facilities are addressing families' child care needs as part of a holistic set of supports for SUD treatment, described in further detail in Appendix A. Examples include a spectrum of holistic support, such as informally offering activities and toys for a variety of ages in the office, staffing play spaces with volunteers or paid facility staff, or even establishing a licensed child care center onsite.

Appendix A:
City Health Care Clinic Design Innovation Case Studies

The following are examples of user-centered innovations for mothers in recovery developed by five city clinics from around the United States:

- **UNC Horizons Child Development Center: Fully Licensed On-Site Child Care Center**
- **Dartmouth Hitchcock Medical Center: Volunteer-Staffed On-Site Play Space**
- **New Traditions in Seattle, WA: Play Space Staffed by Licensed Child Care Worker**
- **Project Promise in Boston, Massachusetts**
- **MATER Program in Philadelphia**

Their approaches, uniquely developed to fit the context and needs of their stakeholders, represent the outcome of family-friendly service design and offer inspiration for both clinic and city leaders to incorporate into their own service design process.

UNC Horizons Child Development Center:
Fully Licensed On-Site Child Care Center

UNC Horizons runs a SUD treatment program for women, including those who are pregnant or parenting. Following a dyadic mode of maternal and child therapy, all children are screened and assessed for physical, cognitive, behavioral and socioemotional issues, and referrals are made to contracted occupational or physical therapists who provide services on site, with parental collaboration.

UNC has experimented with multiple options for supporting families with their child care needs, including assisting families in completing the child care voucher application and helping them navigate through that system. For some years, their team provided informal child care (no more than three children for less than three hours per day). This arrangement couldn't serve every family, so the team arranged to send families to a network of 11 different voucher-accepting local daycares in order to meet mothers' care needs. This arrangement presented challenges: vouchers were not always accepted because the reimbursement to the provider is so low compared to what they receive from private-pay families, and the all-around high demand for child care means even finding any open slot can be impossible. Families undergoing SUD treatment may also face discrimination from external service providers, whether overt or more subtle, including judgment and or threats of legal consequences from external service providers unfamiliar with recovery-oriented services.

Space: In 2017, the UNC Horizons team opened a five-star licensed, onsite child development center for children ages six weeks through five years. The space was originally created in 2001 with a capacity for 11 children. The new center now boasts capacity for 42 children, including two infant rooms. Overall, the team had to raise $5 million to construct the building that provides outpatient physical, behavioral health, and child development services. The child development center is staffed by licensed child care workers and a center director, supported by temporary workers.

Building Trust: Some mothers worry about leaving their child with new people. People respond in different ways, based on their own experiences and traumas. Center staff helps mothers build a "circle of security" with their child, through intentional efforts including creating a ritual of saying goodbye at drop-off and saying hello at pick-up.

> "Parents should never have to face the decision of: do I continue to stay sick and parent my children to the best of my ability, or do I leave my children and enter treatment to get well?...The children need to be thought of, if we are going to break intergenerational trauma. We have to start with healthy attachment."
>
> *– Hendrée E. Jones, Senior Advisor, UNC Horizons*

Staff: Staff are expected to be empathetic, kind and caring. This is embedded into the entire organization's culture. Many staff have been there for decades and have a strong connection to their work and the families they serve. Staff are trained on how to support mothers managing SUD, including what it means to provide successful treatment, how women are uniquely stigmatized and discriminated against when they have a SUD, what medications and treatment options exist, and what it means to provide trauma responsive care. The center also holds time and space for staff as they work through their own experiences caring for these families.

Dartmouth Health

Dartmouth Hitchcock Medical Center:

Volunteer-Staffed On-Site Play Space

At Dartmouth Hitchcock Medical Center, Play Pals is a volunteer-supported supervised play time for children of women receiving therapeutic care for substance use disorders. The in-facility play space engages children for 1-3 hours while their mother is in group or individual outpatient SUD treatment.

Space: An office in the facility was turned into a play space for children. There are two child safety gates to enclose the space, but no door – so mothers can always hear if their children need them. They installed a child-sized wash station in the room. There is a bathroom accessible between the safety gates with child appropriate amenities. Children are not allowed to bring mobile devices to the play space.

Staff: One part-time primary hospital staff coordinates volunteers and is responsible for the play space. The staff person is responsible for leading play time, setting the tone for volunteers, and ensuring the play area is well maintained and hygienic. Formerly, the program director coordinated play time and volunteers in addition to their regular role, but that proved untenable.

The hospital volunteer service recruits some volunteers for the program while others are referred by stakeholders. The staff person has a conversation with interested volunteers to ensure they have the right qualities and attitudes. The hospital volunteer service runs the volunteer vetting process, which can be lengthy – it is usually several months from when volunteers apply to when they can start volunteering.

> The most important factor [for] the success of the program is having consistent adults offering loving, happy interactions with children during play that is age appropriate and fun.
>
> *– Martha Dickinson, Play Pals Leader Emerita*

Volunteers are invited to attend presentations on Circle of Security and on Adverse Childhood Experiences (ACES), as many of the participating children have been exposed to difficult experiences. Most volunteers serve about three hours per week, but some volunteers only serve once a month.

Play Pals works best when they can anticipate the children are coming in, but they are also flexible to meet mothers' needs. For example, some women are involved in intensive outpatient treatment for three hours a day, three days per week– and Play Pals can plan activities for those children. For others, the schedule isn't set. Even so, after 6-8 months the staff and volunteers get to know the children and their needs.

Building Trust: At first, many moms are reluctant to leave their children with a "stranger." However, when mothers have a positive experience with this form of child care, it helps them consider putting their child in a more formal child care setting so they can join the workforce. A longitudinal relationship forms between children and the child care

staff and between the mothers and the staff. The staff can discuss the child's growth and development with the mothers. She points out how the children are growing, which can encourage mothers who may have feelings of guilt about the development of their children.

Mothers are called to support children with bathroom and diapering needs. The facility does not serve snacks or drinks, though children are invited to visit the water cooler and the on-site food pantry with staff. As soon as a child expresses any distress or concern, the child is returned to their mother in order to "refill the child's cup", recharging them to a solid comfort level. The mother brings the child back to play when ready. By considering the child's needs first and limiting the amount of stress in the child's experiences, the volunteers gain the child's trust more rapidly, which ultimately provides more support to the mother.

Budget: Dartmouth Hitchcock Medical Center used about $5000 to set up the play space. A large portion of that was used to install a child sized sink at the entrance of the play space. A large wall area was painted with blackboard paint, and is used for chalk drawings, playing school, hang-man, menus for play "restaurant," etc. The space contains soft floor mats and foam puzzle mats, bean bag floor cushions, colorful foam floor blocks, slide, wooden rocker board, and wooden rocking seesaw that can be stored out of the way for gross motor play or taken out as the mood dictates. Other furniture includes two adult rocking chairs, a couch, a child rocking chair, children's tables and chairs at two scales, bookshelves with 40-50 titles of seasonal read aloud and board books, and a toy cubby with cloth bins in primary colors to help gather up toys after play.

New Traditions in Seattle, WA:

Play Space Staffed by Licensed Child Care Worker

New Traditions is an outpatient treatment center that provides multiple holistic supports to mothers undergoing substance use disorder treatment, including providing on-site child care staffed by a qualified child care worker who provides services on a drop-in basis, which is offered to all mothers that are participating in the program. New Traditions offers child care to all clients for a variety of appointments that she may have as she goes through the program, from initial intake to group sessions and individual sessions.

Most of the clients who use child care are the people in group treatment settings. Participating in drop-in child care can help families get used to setting up a child care routine, particularly for families who have not used child care in the past. It also provides a way for clinicians to assess where a client's child is developmentally and offers respective mothering support. New Traditions' child care forms a bridge for mothers who may have had a hard time trusting an outside provider in the past but also need to prepare for entering their child into regular daycare or public school. The team's goal is for mothers to grow comfortable enough with the drop-in care that they become comfortable bringing their children to regular child care, as well as to acclimate children to the routines of daycare and the kinds of skills they will need to be successful in daycare and school settings.

Staff: There is one child care teacher onsite at any given time, and the center has typically recruited staff with child care backgrounds and/or advanced degrees, who are passionate about child development and supporting this particular population. Teachers must have at least a bachelor's degree. Teachers work collaboratively with the organization's case managers to coordinate the family's care and support mothers.

Building Trust: Many new mothers may have initial concerns with child care, and this is especially pronounced for mothers who have had child protective services (CPS) involvement. Their concerns include a general fear that they are not doing enough, and they may be afraid to have the child out of their sight. Recognizing these concerns, when mothers arrive, staff allow the mothers to bring babies with them to group sessions until about the age of 4-6 weeks. At that point, staff gradually introduce a conversation about transitioning the baby into child care. Families might start out with an hour, then expand to two hours. Sometimes the mother will stay in the child care space with their baby, so they can see what the teachers do, and eventually feel more comfortable engaging in conversations with teachers and separating from their baby for the duration of their session. The facility's space is small, so when babies cry, mothers can hear and attend to them; typically, having easy access to their baby helps them with the transition.

New Traditions serves a diverse population, so language accessibility is something they have thought about. Their current main teacher speaks Spanish as her first language, so she is able to better serve their many Spanish speaking clients. Other families have immigrated from different countries, and being able to introduce language skills to these children can be important for kindergarten readiness.

IHR
Institute For
Health & Recovery

Promise in Boston, Massachusetts

Promise is an outpatient recovery and treatment program focusing on a dyadic model of care for pregnant and parenting people and their children. With a trauma-informed recovery lens, their approach centers the importance of early childhood attachment and development. Promise offers clinical and support services, practical help, and connection to other parents in recovery, while also managing and supporting the connection between parent and child.

Space: Originally, Promise was embedded in an early childhood development center, so from the start there was attention to the bonding between caregiver and child. Due to funding changes and the evolution of the program, the licensed child care center is no longer operating, but the staff have continued to uphold the basic vision of a program that serves both parents and children. Today, there is a specific area of the facility for toddlers and young children that includes high chairs and accessible play equipment. Staff have also found ways to integrate children into treatment to enhance effectiveness.

> When you come into our office, there is a wide array of options for the child, so mom doesn't feel like she has to entertain her child while she's trying to recover.
>
> *– Patrice Price-Pierre, Promise*

Staff: To prioritize creating a family-friendly, inviting environment where mothers are fully supported, all Promise staff are well-versed in child care. Staff are specifically trained through the Institute for Health and Recovery (IHR) in providing dyadic support for mothers and children, including specific curricula that support families in recovery. Staff also gain hands-on experience and training from child care workers being in the space with them.

Building Trust: To build and maintain trust, the children never leave the room that moms are in for their sessions. Mothers will be sitting at a large table in a circle, and the child-friendly space is less than 25 feet away from them. Staff provide options for equipment so babies can sit right next to mom during the session, depending on their age and developmental stage. As they get used to being in the program, mothers can receive support with feeding and changing from staff, so they can focus on their session. The

staff's goal is to meet mothers where they are, to gradually integrate children into the play space, and to follow the mother and child's lead throughout the process.

MATER Program in Philadelphia

Jefferson College of Nursing's Maternal Addiction Treatment, Education and Research (MATER) program is one of the nation's longest running recovery programs, and child care has been integrated into the facility's work for decades. A notable aspect of MATER's program is the intentional way the staff uses the drop-in child care space as a way to connect families to other supportive services, including clothing, food, and equipment donations, as well as referrals to early intervention and other parenting services.

Space: In 2009, the team moved into a new space and immediately recognized that it needed to be designed to accommodate their patient's need for child care. They needed a space that could serve the high number of families in their program and that supported children of all ages. They expanded the space with the needs of their families in mind and included a kitchenette within the child care center to allow for preparation of meals and snacks. Use of the center is open and flexible - moms don't necessarily have to schedule in advance, although sometimes staff asks them to let them know if they will be using the drop-in space close to lunch hour or towards the end of afternoon so they can make sure there is staff capacity. At any given time, about a handful of kids will be in the center; they see around 30 children per week, in total.

A strong aspect of MATER's child care offering is the interaction with other supportive services, such as occupational therapy or the onsite food pantry. For example, staff identified that the child of one mother who used drop-in child care regularly needed OT, so they connected her to the appropriate services. However, they later learned that the family wasn't making it to the OT appointments. It was one additional appointment that she couldn't consistently make; furthermore, getting to and from the appointment location was challenging. Most of the moms seeking treatment at MATER don't live in the area. They rely on SEPTA, Philadelphia's metro system, or public buses - but getting on and off public transit with a stroller is not easy. For this particular child, handling multiple transitions, including getting in and out of a stroller, was difficult. The entire process

created a lot of barriers for his mother. MATER's staff arranged for the child to have his weekly OT appointment at the center while his mother attended her own sessions - a win-win for the entire family.

Staff: For those hired to work in the child care center full time, MATER has only hired people with past child care experience. Before they begin working at the center they undergo training, including supervised observational and interactive experience, such as leading circle time or changing a diaper. For other MATER staff who pitch in to support the drop-in care based on capacity needs, training is more informal as their role is primarily to play with the kids. Some staff are trained on the Keys to Interactive Parenting, an assessment scale that helps to give some feedback to moms on child development and parenting as they play with their kids.

Activities: An important principle is for staff to engage children in activities that are child-led and interactive. A significant part of activity development includes integrating zones of proximal development, as well as enabling the child to play independently. Lots of books are included in the space, and caregivers can also take them home, if needed.

Building Trust: Due to past trauma and/or the persistent fear of being separated from their children, many moms are initially hesitant to use MATER's child care space. One important aspect for building trust is that families interact with child care center staff in different ways because of the holistic services that MATER provides. Moms attend parenting groups that are led by the child care staff, so they might meet them first within that context, which makes them more comfortable leaving their children with those staff for drop-in child care. Additionally, when MATER's staff designed their new space, they included a two-way mirror that allows moms to see that their children are safe and okay, without children seeing their mothers which could disrupt the activities in the center. As staff said, "It was really important to give moms that sense of control in this situation."

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