SPTAC
STRATEGIC PREVENTION
TECHNICAL ASSISTANCE CENTER

Who's Who in Early Childhood

And How They
Can Support Your
Prevention Efforts

2024

Contents

Introduction

Early childhood education is a system designed to meet the developmental needs of children and provide parents and caregivers with the support necessary to work and provide for their families. It encompasses services provided by home visitors and doulas during and after pregnancy; programming for infants, toddlers and preschoolers; and before- and after-school care up through approximately third grade.

Upstream prevention approaches—that is, programming designed to address the root causes of substance misuse—begin with early childhood education. The early years are among the most critical for brain development, as it is when children learn how to form meaningful relationships with their peers and adults. Early childhood education is thus key to helping children develop the strong foundation they need to live healthy lives.

This resource is designed to help prevention practitioners understand the various early childhood players present in the community: what they do and how they can support prevention efforts. Not all communities will have all of these sectors represented, but most will have several. Understanding and connecting with these sectors is a critical piece of prevention planning, just as it is critical to understand and connect with other supports directed toward children and families.

How This Resource is Organized

We have organized the information in this resource by developmental stage, from prenatal through age 11. Communities serve families across the continuum of child development, and sometimes providers overlap. Similarly, there may be some overlap in where partners are listed in this resource (i.e., some may be referenced in more than one section).

Each developmental stage includes the following types of information:

Primary and secondary partners

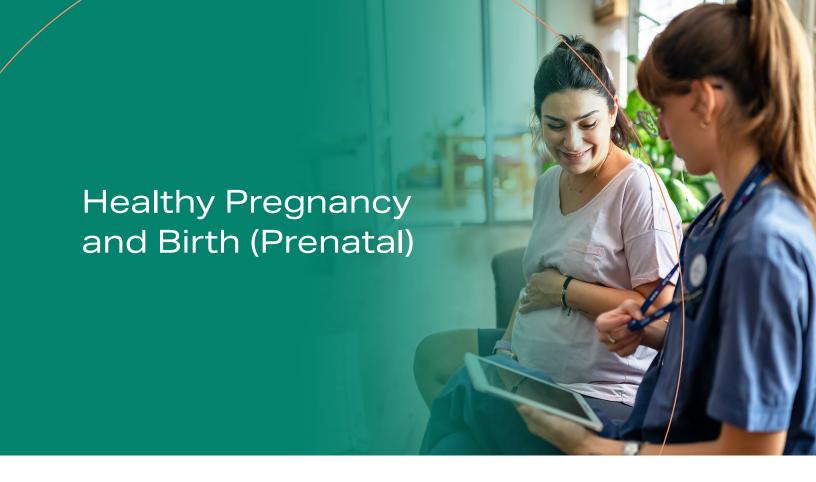How these partners can support your prevention efforts

Considerations for working with this sector

Valuing the Role of Parents

The most important people in a young child's life are their parents and other primary caregivers. These central relationships are core to a child's growth and development. Also critically important are the non-parental caregivers who provide protection and care during the early years. As we explore each of the various partners comprising the early childhood landscape, we must place the family's lived experience at the center of our efforts.

Healthy Pregnancy and Birth (Prenatal)

The primary partners in this developmental stage are health care providers: obstetricians, birth doulas and midwives, and family medical home providers, including federally funded community health centers. These health care providers help pregnant individuals maintain their health, get good nutrition, and prepare for childbirth. They care for pregnant individuals in a variety of settings, ranging from individual prenatal appointments to group programs that convene cohorts of prenatal people according to their birth timelines. During supervised prenatal visits, health care providers monitor each pregnant individual's prenatal health while also providing a community of support that often remains in place post-birth and, in some settings, throughout the first year of life.

These health care providers have the most direct information and experience with who in your community is currently having babies and many of the challenges and disparities they face. They can support prevention efforts by providing data on how many babies are born in the community, disparities in access to prenatal care, local infant mortality rates, and sometimes additional information about specific maternal and infant concerns, such as premature births and high-risk pregnancies. They often have much more current information than what is available through public sources.

It's important to understand how health care providers function and how to best access the limited capacity they have to devote to prevention efforts.

As the primary contact for pregnant and new parents, health care providers also may be able to connect you to others within their health care settings to engage in your prevention efforts. Depending on the setting, these "others" may include community health workers; providers connected to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); post-partum midwives and doulas; lactation consultants; and even research partners.

Finally, this group of partners may be able to help you disseminate prevention materials or messaging, support program recruitment, and provide content expertise to, for example, inform a policy initiative to increase funding for programs to support after-school programming for children from families where there is substance misuse.

Health care providers may be concerned with how the data they provide will be used. It is important to respect these concerns, as these partners will be important to your ongoing efforts if infants and very young children are centered in your prevention initiatives.

It's also important to understand how health care providers function and how to best access the limited capacity they have to devote to prevention efforts. For example, it is highly unlikely that health care providers will consistently or even minimally attend coalition meetings or work groups. Their days are tightly scheduled and long. Help them help you by being concise and clear about what you need, don't request a lot of their time, and meet them on their turf.

Secondary partners in this developmental stage include the maternal and child health programs within your city/town public health department— or at a minimum, the people within the department who focus on this. Among these programs are local organizations funded to oversee home visiting programs *(see Healthy Infants and Toddler Years [0–3] for*

a description). Home visiting programs help families prepare physically, mentally, and emotionally for the arrival of a newborn and to navigate the sometimes stressful transition from newborn care to childcare outside the home.

Some communities have specific programs for pregnant individuals who are managing a substance use disorder, including those who are on medically assisted treatment or who are actively using opioids during pregnancy. These programs are rare, but if you are lucky to have one in your community, these partners will have their finger on the pulse of the local early childhood landscape, as well as knowledge of the contributing factors impacting local pregnant individuals.

The information these partners can provide will be mainly qualitative. They will know about the people they serve, but they may not serve every pregnant individual or have full knowledge of the risks related to substance use for those families. Informational interviews and focus groups can be excellent strategies for gathering assessment data from this group. Similarly, they can be good touch points for information sharing and participant engagement strategies as you build and mobilize your community's prevention efforts.

Some communities have maternal child task forces or collaboratives that bring together partners from different sectors that focus on healthy pregnancy and birth. These collaborative groups often have representation from state advocacy organizations such as the March of Dimes, as well as from community-based organizations, faith communities, and parents. Aligning efforts between your coalition and local collaboratives will give you a strong start in ensuring you have the right voices informing your prevention efforts.

Informational interviews and focus groups can be excellent strategies for gathering assessment data from this group.

Healthy Infant and Toddler Years (Ages 0–3)

Health care providers, including pediatricians, family group practices, and community health centers, continue to be primary partners throughout the first three years of a child's life. Health care providers provide essential care throughout the early years through well-baby visits, nutritional advice, immunizations, and referrals for young children needing additional services or supports. Family health care providers are often seen as the primary source of developmentally appropriate advice for new parents. They answer questions such as "Is my baby gaining enough weight?" or "Is it normal for my child to cry so much even after I've fed and changed them?"

Health care providers may also track parental well-being, particularly postpartum depression, breastfeeding, and safe sleep. Not all pediatricians have this ability or capacity; it is more common in family group practices and community health centers. Individual pediatricians may support parents, but parents are more likely to get these supports through their own primary care providers.

Some communities have community health maternal nurses who provide home visiting in the first three to six months after birth. These nurses bring the well-baby visits to the home environment, but they may see a family only once, or if a family is identified as "high risk," over a longer period of time.

Because these health care providers see parents regularly, they have a perspective that may be helpful. They understand the most urgent issues facing families, such as maintaining healthy and affordable housing; food insecurity; or evidence of abuse, neglect, and substance misuse. They will not share confidential information about their patient families, but they can speak to local concerns and emerging issues. And once you are ready to engage families of young children in your program or strategy, they can be family touch points for referrals and help connect families to resources.

Because long-term access to maternal health nurses is often connected to intervention by a state's child welfare agencies (such as the Department of Children and Families), there may be resistance to, or stigma associated with, these services. This is unfortunate, as home-based health care can eliminate serious barriers for families managing needs related to substance misuse, including transportation, stigma, and economic barriers to care in a health care setting.

Home visitors can provide excellent information on the assets available to, and challenges faced by, the families they serve.

Home visiting programs center families that face greater barriers to achieving positive maternal and child health outcomes. These may include young parents, underserved or low-income families, and families with substance use disorders. Home visiting programs send trained early childhood specialists or peer support providers into family homes to provide hands-on support and parenting education, and to engage young children and their parents in developmentally appropriate activities. They also provide essential resources, including food, diapers and wipes, and books to families who struggle in different ways to provide these needs for their children.

In addition to supporting a family's transition into the role of caregiver and/or managing caring for a new addition to an existing family, home visitors can help with the transition from care in the home to outside childcare as parents prepare to return to work and/or school.

Home visitors have a unique and truly "on the ground" understanding of the families they serve. They can provide excellent information on the assets available to, and challenges faced by, the families they serve. For example, they may provide information about which local services are trusted and are appropriately meeting families' needs, as well as gaps in the existing safety net. They can also facilitate information gathering from the families themselves, as home visitors are often viewed as trusted advisors.

It is important to distinguish between home visiting programs funded through the national Maternal, Infant, and Early Childhood Home Visiting Program and those required through state departments of children and families (DCF). DCF home visits are mandated and are focused on assessing risk and compliance with department regulations. In contrast, non-DCF home visiting programs are entirely voluntary and are focused on supporting families in a non-stigmatizing manner that supports both parents and children.

Early Intervention (EI) programs serve families with children aged 0–3 who exhibit signs of possible developmental delay. Parents who have concerns can request an assessment to determine if their child is eligible to receive EI services. Often, parents are encouraged to contact EI programs by their child's doctor or childcare provider. EI services include teams of child specialists: psychologists; physical, occupational and speech therapists; as well as medical specialists, when needed. EI services take place in family homes, childcare centers, and EI offices. In some circumstances, services may continue through age five.

Infant and toddler mental health refers to the ability to develop secure relationships, express emotions, and explore and learn. Research has shown that exposure to trauma, even before birth, can affect development. Along with EI, mental health support for children ages 0–3 is an important component of early childhood services and prevention efforts.

While EI services are focused on a child's unique special needs, EI providers have a lens on the whole family and the community supports surrounding them. This can make them a valuable group to engage with in prevention efforts. During the COVID-19 pandemic, EI programs greatly expanded their reach and reduced stringent eligibility requirements. It is not yet clear when they will return to their more limited scope, but this does mean they may be even more helpful to your prevention efforts right now.

EI is reaching more isolated families who have previously struggled to connect to community supports, and some of these families may be managing substance use disorders or misuse in the home.

EI providers have good data on children and families facing specific challenges, understand the barriers and challenges families face as they try to build the best developmental supports for their children, and deeply understand the unique strengths of families with children with developmental challenges. Additionally, they often can participate in coalition work as their schedules are flexible. Actively engaging an EI professional in your early project activities as a consultant or member of a work group can strengthen both the information you gather and your planning process.

EI programs offer an excellent platform for providing more universal early support to a diverse group of parents and caregivers when the eligibility requirements are loosened. EI services are a core protective service for families. Expanding their charge to include families managing substance misuse and addiction could be a significant policy change with the potential to prevent adolescent substance use in later years.

EI programs may soon return to a more limited scope due to policy and funding decisions at the state level, making them less available to participate in prevention efforts.

Next to the child's doctor, childcare providers are often the most trusted consultant when it comes to advice on child rearing.

Infant and early childhood care providers are key partners for all families with young children. Next to the parent or caregiver themselves, these providers have the most direct contact with families on an ongoing (and often daily) basis, providing a range of daily developmentally appropriate care and learning for infants and children through age three. Next to the child's doctor, childcare providers are often the most trusted consultant when it comes to advice on child rearing. Childcare providers are well

trained in child development, young child educational pedagogy, and psychology. They are also often representative of the families they serve, increasing the trust parents have in their ability to understand their family.

Families have a continuum of childcare settings from which to choose. Family, friend, and neighbor care providers include grandparents, aunts and uncles, elders, older siblings, friends, neighbors, and others who help families by providing childcare—usually in the family's home. Family childcare takes place in the home of the provider, typically with small, mixed-aged groups of children. Center-based childcare centers are housed within stand-alone facilities, local nonprofits (e.g., YMCAs), faith communities, and increasingly, in corporate centers where parents or care givers work. These centers are developmentally organized, with infant rooms, toddler programs, and preschool education classrooms for 3- to 5-year-olds. Regulation and monitoring of these different childcare models varies by state.

Early Head Start is a federally funded program that serves income eligible pregnant women and families with infants and toddlers and supports the transition to Head Start pre-K programs.

Early education and care (EEC) providers are very close to the families they serve and can provide excellent input on what the families they serve are struggling with and what resources they most use and trust. They are also wonderful community advocates for policies that support young families and understand which programs are working for families and which are not.

Because EEC providers often have long-term relationships with families, they can provide insight into the longer arc of a family's life, development, and well-being.

EEC providers and settings continue to provide services to families throughout their childhood years. As the child gets older, the educational focus of the programs increases, with the aim of ensuring every child enters formal schooling ready to succeed and continues to thrive throughout the elementary years. Because they often have long-term relationships with families, they can provide insight into the longer arc of a family's life, development, and well-being. Similar to health care providers, EEC providers will not share confidential information about specific families, but they can provide information on long-term barriers and emerging issues. As trusted brokers, EEC providers can successfully connect families to resources when stigma or access are barriers.

Within the EEC system, there are organizations that serve as conveners of providers in their area. For example, state advisory councils work to ensure high-quality comprehensive care for young children and support for families; these often include providers and other partners from the community. Many local organizations also provide training and advocacy for the field in specific communities.

To accommodate the work schedules of the families in their care, EEC providers often work long hours—including weekends and evenings. To avoid causing additional burden, schedule any meetings with this group to align with existing time they have set aside for professional development or meetings. Also share some self-care or stress reduction strategies to show your appreciation. EEC providers are often underappreciated, so a little goes a long way.

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Healthy Early Childhood/ Preschool (Ages 3–5)

As children move into the next phase of their development—the preschool years—key partners shift from primary health care providers to the child's primary and secondary caregivers. While pediatricians continue to be important, they see children less often. Because of this, parents often shift their advice seeking to other caregivers and educators who see their child more frequently. As the child moves into more social and community circles, the primary partners become the social ring surrounding the growing family. These relationships can be formal (e.g., provided through an early education and care or preschool program) or informal (e.g., relationships developed on community playgrounds and in neighborhoods).

Like early care, preschool or pre-K programs are offered in a variety of settings. Universal pre-K programs are part of the public school system for reduced or no cost, while center-based private preschool programs can range from vouchered (i.e., for free or reduced cost) to very expensive. Nonprofit organizations and faith-based organizations often provide preschool programming that follows on from their infant and toddler care. Family childcare extends to preschool age children, and Head Start programs that support income eligible families can be found in a variety of settings.

[Early childhood mental health](#) (ECMH) programs provide services to address and support the social-emotional development and behavioral health of children in early education and care programs. Many behavioral health issues arise before age 3, but without having information or training, families and providers may not recognize them until the preschool years, where a young child's ability to manage stress, self-regulate, and follow directions may come face-to-face with school rules and norms.

Community-based preschool programs are accessed by a wide range of community members, from families who are caring for their children at home to those engaged in family- or center-based education and care. Public libraries have many programs for young children. Children's librarians see these children in a unique environment, providing a safe, enriching space for all children, regardless of eligibility or status. Libraries are traditionally a "low threshold" space, where historically disenfranchised families can readily access resources.

Children's museums, parks, and other cultural institutions can also be helpful prevention partners. Similar to libraries, they provide services to a broad population and can provide a safe place in the community to learn and explore a child's interests. They are places of fun and learning, where children can explore what interests them.

These education and community-based settings are an essential part of the protective safety net, particularly for children growing up in homes where substance misuse is taking place. Map these assets, review access for the children you are seeking to impact, and identify gaps where families might benefit from additional programing or changes in processes.

There are many inequities built into the resources available to families of young children. Stigma directed toward families with substance use disorders becomes a growing concern as these families become more connected with the community around them. For example, families experiencing substance misuse may not access available resources for fear of being judged an insufficient parent or reported to authorities. Addressing inequities in resource availability, access to services, and participation is an important part of community prevention efforts.

Healthy Elementary School (Ages 5–11)

As children turn five years old, many move from the diffuse network of early childhood services to the formal institution of public school. For many families, kindergarten is their first exposure to institutional education—either out of choice or because they have had limited access to affordable early childhood care outside of the home. In either case, the transition can be challenging.

Overall, there tends to be significant variation in the support available to parents of incoming kindergartners. Some districts have parent information centers and kindergarten outreach specialists. However, many others expect parents to figure it out on their own.

Understanding how your community configures its public schools will help you connect with critical school partners and access the information you need to understand your community's substance misuse problems and. Many state departments of education provide district profiles that contain district-wide and school-specific data on student demographics, including data on key indicators such as the number of English language learners and students from households with incomes below the poverty line. The U.S. Department of Education's state contacts also provide links to state education agencies, key state contacts, and other relevant information.

School nurses are busy but also a bit more flexible than teachers. They provide a unique perspective and often have information not widely known by others.

However, families frequently have to rely on local resources (libraries, word of mouth, Google searches) to find elementary schools in their area that offer kindergarten. Resources such as **Great Schools.org** provide information about local schools, including test scores, student progress, and equity ratings, as well as information about the school neighborhood.

School nurses and school-based health centers bring primary health care into the public schools. They track well-child visits and benchmarks for students; assist in managing health concerns in the school environment (medication, monitoring medical conditions); and provide health promotion and prevention activities. They are busy but also a bit more flexible than teachers. They provide a unique perspective and often have information not widely known by others.

Once children transition to traditional school, the availability of before- and after-school care are often key factors in enabling parents and guardians to continue to work in traditional full-time jobs. Some early childcare providers provide before- and after-school care, as well as coverage during school breaks and over the summer. Some communities host their own out-of-school-time (OST) providers and extended learning time programs to provide students with access to school-based activities and enrichment throughout the elementary school years. Other communities work with community-based providers to program these activities—either at the school or at the organization's site. Cultural organizations, museums, park districts, and libraries are often sites of locally grown OST programs. Some youth development community organizations, such as the YMCA/YWCA, Boys & Girls Clubs, and Girls Inc.'s, also provide OST care and programming for elementary school-aged children. These organizations may offer their own branded evidence-based or -informed programs or innovative home-grown partnerships and programs.

Most states have **after-school networks** that serve to connect families to programs and provide training for providers. The Department of Education

facilitates **21st Century Community Learning Centers**, a program that partners with state education agencies to provide programming during non-school hours.

Finally, summer camps are vital OST resources. Not only do they provide a safe space for children, but they can also provide social-emotional development supports. Additionally, summer programs can help prevent learning loss and allow children to stay on course academically when they reenter school in the fall.

Behavioral health providers can be integrated within school time and OST settings. Services may be provided independently, at community-based sites, or in home-based programs. At this developmental phase, behavioral health providers work closely with teachers, youth workers, parents, and caregivers to develop aligned, proactive responses to each child's behavioral health needs. Some communities have "system of care" networks or coalitions that seek to integrate and coordinate care for families with children with behavioral health problems.

All of these partners work closely with children of elementary school age and their families and can provide useful perspectives as you assess and plan your prevention programming. Teachers and youth workers are often the first people to raise a concern about the needs of a particular student and often act as connectors to supportive services. In much the same way that EEC providers have a unique day-to-day perspective on a child's early development, so too do these school- and after-school-based providers. Moreover, many of these professionals follow families throughout the elementary school years and so develop a useful long-term perspective on a child's development. They can support prevention efforts in a variety of ways: providing quantitative and qualitative information to inform assessments; identifying and recruiting parents and students for focus groups, interviews, and surveys; and participating in program planning and implementation.

The caveats of working with this group of partners are related primarily to navigating the more formal environment of a school system or larger youth development organization. Building working relationships and data-sharing agreements become more important at this time. Having clearly defined roles and expectations for partnering also helps everyone feel comfortable working together. Engaging families in a coordinated and thoughtful way builds trust that their input and goals are being considered.

Resources

Healthy Pregnancy and Birth

Find a Health Center

Health Resources and Services Administration (HRSA) Data Warehouse

Families can use HRSA's location-based search tool to locate the closest health center to them, with the option of filtering their search by distance. Health care providers at these centers offer support to families during early childhood, addressing concerns about growth, feeding, and development while guiding parents and offering referrals for additional services when needed.

Healthy Pregnancy

Office of the Assistant Secretary for Health, Office on Women's Health

This site provides resources from preconception health to postpartum care. Includes information on pre-pregnancy health, prenatal care, childbirth preparation, and beyond to ensure a healthy start for both the pregnant individual and baby.

Healthy Start Fact Sheet

Maternal and Child Health Bureau

This program targets communities with high rates of adverse outcomes to reduce racial and ethnic disparities in infant mortality and maternal health. It provides tailored services, including prenatal and post-partum care, outreach, case management, and public health services to pregnant individuals, their children, and families.

Medicaid Support for Maternal and Infant Mental Health Postpartum

Georgetown University Center for Children and Families

This report offers recommendations for state Medicaid agencies to support the mental health of mothers and babies during the 12-month postpartum period. It emphasizes Medicaid's role in improving mental health outcomes and suggests actions such as enhancing primary care, monitoring successful connections to care, addressing financial barriers, expanding workforce capacity, and prioritizing maternal and infant mental health services.

Pregnancy and Substance Abuse: Harm Reduction Toolkit
National Harm Reduction Coalition

This toolkit was designed to facilitate open dialogues about pregnancy plans and aspirations among pregnant individuals, their families, and their service providers. It draws on the perspectives of those with lived experience misusing substances during pregnancy.

Preparing for Your Baby: Tip Sheet
National Center on Substance Abuse and Child Welfare

This tool is designed to provide tailored support for the health and well-being of pregnant individuals with substance use disorders, their babies, and their families. It facilitates the coordination of vital services and connects individuals with essential resources to support family well-being.

Telehealth for Maternal Health Services
Telehealth.HHS.gov

This guide explores the role of telehealth in maternal health services, addressing the challenges of health equity and maternal mortality, especially in rural and underserved communities. This resource provides guidance on implementing successful maternal telehealth programs, including considerations for high-risk pregnancy and postpartum care, aiming to improve access to critical health care services for parents and children.

Toll-Free Number to Access Free/Reduced Prenatal Care
U.S. Department of Health and Human Services

This link includes a toll-free telephone number that connects callers to their local health department based on their area code. The local health department can then assist or refer callers to health programs tailored for women, mothers, and children.

Healthy Infant and Toddler Years (Ages 0–3)

Find a Healthy Start Project in Your Area
National Healthy Start

Families can use the interactive map on this site to locate Healthy Start projects in their area. The database includes the directory for the 101 federally funded Healthy Start projects located across the United States, including the District of Columbia and Puerto Rico.

Start Early
Start Early: Champions for Early Learning

This nonprofit public-private partnership focuses on delivering quality doula, home visiting, Early Head Start, and Head Start programs.

Healthy Early Childhood/ Preschool (Ages 3–5)

Child Care Technical Assistance Network: Data Explorer and State Profiles
Child Care Technical Assistance Network

This tool provides access to data on various early care and education topics, including demographic information, program participation and funding, and program quality.

Find Childcare Resources
ChildCare.gov

Families can use this tool to find local resources on childcare, health and social services, financial assistance, and support for children with disabilities.

Head Start and Pre-K Programs
Head Start: Early Childhood Learning and Knowledge Center

This interactive map allows families and/or guardians to locate Head Start Centers in any area within the United States to find nearby centers providing comprehensive early childhood services.

How to Find and Choose a Head Start Program

ChildCare.gov

This tip sheet is a guide for families and/or guardians on what to observe, listen for, and inquire about in order to assess the key features of a quality childcare center.

Elementary School (Ages 5–11)

Capacity.ChildWelfare.gov

Child Welfare Capacity Building Collaborative

This partnership supports agencies in improving child welfare practice and achieving better outcomes for children and their families. The initiative focuses on efforts to enhance family support, prevent unnecessary removals, and promote safety and well-being for vulnerable populations.

GreatSchools.org

This tool allows families or guardians to generate a list of preferred schools for easy comparison and selection. They can connect with the school community by sharing experiences and receiving updates via email.

Find Your Network

The 50 State Afterschool Network

This program advances after-school and summer learning opportunities for children and youth. Families can use the program's Web-based interactive tool to explore resources and state-specific information to support student success and skill development.

Nita M. Lowey 21st Century Community Learning Centers

Office of Elementary and Secondary Education

This initiative establishes community learning centers to offer academic support outside of school hours, focusing on children in high-poverty, underperforming schools. The initiative aims to improve academic achievement by providing enrichment activities and literacy services to participating families.

SAMHSA
Substance Abuse and Mental Health
Services Administration