# Who's Who in Early Childhood—and How They Can Support Your Prevention Efforts

This resource is designed to help you understand the various early childhood players present in your community: what they do and how they can support your prevention efforts—particularly those activities related to assessment and capacity-building. Not all communities will have all these sectors represented, but most will have several of them. As in all prevention efforts, it is important to bring diverse experiences and perspectives to the strategic planning process.

*Navigating this resource:* The information below is organized by developmental stage, from prenatal through age eleven. Each grantee will focus their prevention efforts on a specific age range within the early childhood years identified by the grant. Therefore, not all this information will be relevant to every grantee. We recommend that you focus on the developmental stages most relevant to your initial tasks of assessment and mobilizing capacity.

Each developmental stage includes the following types of information:

- Primary and secondary stakeholders
- Considerations for working with this sector
- Information on how they can support your prevention efforts
- Links to relevant organizations and providers

**Value the Role of Parents**

The most important stakeholders throughout a child's life are their parents and other primary caregivers. This central relationship is core to a child's growth and development and their importance in the lives and development of their children cannot be overestimated. Nor should we underestimate the impact of non-parental caregivers who provide protection and care during the early years. As we explore each of the various stakeholders in the early childhood landscape, we must place the family's lived experience at the center of our efforts.

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## Healthy Pregnancy and Birth (Prenatal)

The primary stakeholders 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 support every pregnant mom to maintain health, get good nutrition, and prepare for childbirth. They care for pregnant mothers in a variety of settings, ranging from individual prenatal appointments with their prenatal health provider to group programs such as Centering Pregnancy, which convenes cohorts of prenatal moms according to their birth timelines. During supervised prenatal visits, health care providers monitor each mom'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 your prevention efforts by providing data on how many babies are born in your 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.

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

One clear request could be to share prevention program information with their patients/clients to recruit and engage them for your intervention or program. Another would be to ask their expertise to inform policy initiatives, such as increasing funding for programs to support afterschool programming for children from families where this is substance misuse.

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This group of stakeholders may be concerned with how you plan to use data they provide. It is important to respect these concerns, as these stakeholders 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 your efforts. For example, it is highly unlikely that they 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 stakeholders 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 that focus on this.

Some communities have **specific programs for pregnant moms managing a substance use disorder,** including those who are on medically assisted treatment (MAT) or who are actively using opioids during pregnancy. These programs are few and far between, but if you are lucky to have one in your community, these stakeholders will have their finger on the pulse of the local landscape, as well as contributing factors impacting local pregnant mothers.

The information these stakeholders can provide will be mainly qualitative. They will know about the women they serve, but they may not serve every pregnant mom or have full knowledge of risks related to substance use for those families. Informational interviews and focus groups can be excellent strategies for gathering assessment data from these stakeholders. 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 stakeholders 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.

Search these links for organizations that provide services for expectant families::

- Centering Pregnancy Sites
- Guide for Expectant Families
- Pregnant Women and Families Recovery Programs
- Substance Misuse Home Visiting Program

## Healthy Infant and Toddler Years (Ages 0-3)

**Health care providers, including pediatricians, family group practices, and community health centers** continue to be primary stakeholders throughout the first three years of 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 wellbeing, particularly maternal 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 of birth. These nurses bring the well-baby visits to the home environment and may see a family only once, or if 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: maintaining healthy and affordable housing, food insecurity, 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 touchpoints for referrals and help connect families to resources.

Because long term access to maternal health nurses is often connected to intervention by the Department of Children and Families (DCF), there may be resistance or stigma associated with these services. This is unfortunate, because 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.

Also, as mentioned above, health care providers are often very busy and will likely have limited time to spend with you. So, if you are requesting information from them, make it short, concise, and easy for them to contribute.

**Home visiting programs** often center families identified as "high risk." High risk can be defined a variety of ways: it can include young parents (Healthy Families seeks to engage parents under 23), underserved or low-income families (Parent Child Plus serves low income families) or families with substance use disorders (First Steps Together intervenes with families in early recovery). 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 that struggle in different ways to provide these for their children.

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, if you have a First Steps Together program in your community, the home visitors may provide information about which local services are trusted and appropriately meeting families' needs, as well as gaps in the existing safety net. They can also facilitate information- gathering from the families themselves, as they are often viewed as trusted advisors.

It is important to distinguish between these home visiting programs and **Department of Child and Family Services (DCF) home visiting,** which can be much more stigmatizing and is often resisted by families. DCF home visits are focused on

assessing risk and compliance with department regulations. In contrast, non-DCF home visiting programs are entirely voluntary and 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 are at risk for developmental delay. Parents 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, where needed. EI services take place in family homes, childcare centers, and EI offices. In some circumstances, services may continue through age 5.

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 stakeholder to engage in your prevention efforts. EI programs greatly expanded their reach and reduced stringent eligibility requirements during the pandemic. 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 that 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.

**Infant and early childhood care providers** are key stakeholders 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.

In Massachusetts, we have a mixed delivery system of early education and care. This means families have a continuum of care settings from which to choose. Family-based childcare takes place within the home of the provider with small, mixed-aged groups of children. These providers are licensed by the state and undergo regular review. (See Appendix A to learn more about **Family** and **Group and School-Aged Child Care licensing**). Community-based childcare centers are often housed within local non- profits (e.g., YMCAs), faith communities, and increasingly, in corporate centers where parents or caregivers work. These centers are developmentally organized; with infant rooms, toddler programs, and preschool education classrooms for 3- to 5- year-olds.

For families with young children, entering the early education and care system is the first big step out into the community. Navigating this step can be challenging for many families: care is expensive, transportation is limited, and the choices are confusing. There are organizations in every region that help families find the right childcare and preschool option for them. Child Care Resource and Referral Agencies (CCR&Rs) help families apply for financial assistance and find the best setting for their child.

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**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 utilize 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.

Early education and care 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 wellbeing. Similar to health care providers, they will not share confidential information about specific families but can provide information on long-term barriers and emerging issues. As a trusted broker for families, EEC providers can connect families to resources successfully when stigma or access are barriers.

Within the EEC system, there are **organizations that serve as conveners of providers in their area.** These might be non-profit organizations that provide training and advocacy for the field in specific communities, such as Edward Street. Many communities across the state have Coordinated Family and Community Engagement (CFCE) grants from the MA Department of Early Education and Care. These are locally-based programs that provide families with children birth through school age direct services and/or referrals that support their child's healthy growth and development. Connecting with these coordinating entities can help you access the community of EEC providers in your area and integrate their perspective in your assessment and planning.

EEC providers were essential workers throughout the pandemic. They are exhausted and are now facing a stressful new school year. In addition, to accommodate the work schedules of the families in their care, they 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 under-appreciated, so a little goes a long way.

Search these links for early childhood (ages 0-3) programs:

- Early Education and Care
- Early Intervention Programs: *Family Ties*
- Early Intervention Parenting Partnerships- early intervention home visiting
- Family Engagement Resource Centers
- Home Visiting Services (General)

## Healthy Early Childhood/Preschool (Ages 3-5)

As children move into the next phase of their development—the preschool years—the key stakeholders 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 stakeholders 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).

**Headstart and Pre-K programs** are often offered through the public school system for reduced or no cost, while private preschool programs can range from vouchered to very expensive. Non-profit organizations and faith-based organizations often provide preschool programming that follows on from their infant and toddler care.

**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 most often come to the fore in 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 programming** is often accessed by a diverse group of community members, including families who are caring for their children at home as well as 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 even the most underserved can gain access and utilize the 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 or substance-use disorder is taking place. Map these assets, review access for the children you are seeking to impact and identify gaps where additional programing or change in process could increase access to these protective environments for children aged three to five.

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 may not access the resources for fear of being judged an insufficient parent and maybe even be reported. But these are the families that could most benefit from these supports. Addressing inequities in resource availability, access to services, and participation is an important part of community prevention efforts.

Search these links for early childhood (ages 3-5) programs:

- Head Start and Pre-K programs
- MA Early Childhood Mental Health Consultation Programs

## Healthy Childhood/Elementary School (Ages 5-11)

**School-based providers:** As children turn five years old, most 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

due to choice or because they have had limited access to affordable early childhood care outside of the home. Kindergarten represents another major transition in just a few years and can be quite challenging to navigate. Some districts have **parent information centers** and **kindergarten outreach specialists;** others pretty much expect parents to figure it out on their own. Within larger communities, there may be great variation in the support available to parents of incoming kindergartners. Learning the public school configuration of the community you seek to impact will help you identify where to find the most useful contacts and information. The MA Department of Education has district profiles that provide district-wide and school-specific data on student demographics, including data on key indicators such as the number of English language learners and students identified as high need.

**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, before- and after care can be critical to allow parents and guardians to continue to for whatever reason work a traditional full time job. Early childcare providers may also provide before- and after-school care, along with care 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, 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.

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. The Massachusetts Camping Association can be a source for finding, partnering with, and staffing summer programs. As Child Care Resource and Referral supports locating programs for both young and school age children, the Massachusetts Afterschool Partnership can be a good resource for professional development for out-of-school time providers, and a support for communities looking to establish OST programs.

**Behavioral health providers** can be integrated within school time and out-of-school time settings. These 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 an aligned proactive response to the 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 stakeholders work closely with children of elementary school age and their families and can provide useful perspectives as you assess and plan your prevention strategies. 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 children's early development, so too do these school- and after-school-based providers. Moreover, many of these professionals grow with the families through the elementary school years, and so develop a useful, long-term perspective. They can support your prevention efforts in a variety of ways: by providing both quantitative and qualitative information to assist in your assessments; linking you to parents and students to participate in focus groups, interviews, and surveys; and partnering with you to support program planning and implementation.

The caveats for working with stakeholders in the elementary years are mainly related to navigating the more formal environment of a school system or larger youth development organizations. Building working relationships and data-sharing agreements become more important at this time. Having clearly defined roles and expectations 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.

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Search these links for childhood (ages 5-11) programs:

- Directory of School-based Health Centers (only 1-2 are elementary school-based)
- Massachusetts Behavioral Health Access Specialists

## Appendix: Licensing for Family and Group and School-Aged Child Care Provider

**Family childcare programs** are licensed by the Department of Early Education and Care (EEC). These programs take place in the provider's home. There are three types of licenses family childcare programs:

- Licenses for up to 6 children: A licensed family childcare provider may enroll up to 6 children in their program if the children are within the required age limits.
- Licenses for up to 8 children: A licensed family childcare provider may enroll up to 8 children in their program without an assistant if at least two of the children are school aged and if the other children are within the required age limits.
- Licenses for up to 10 children: A licensed family childcare provider may enroll up to 10 children in their program if there is an approved assistant working with them and if the children are within the required age limits.

**Group and school-aged childcare programs** provide early education and care for young children in a community-based setting outside the home. Programs can be licensed to serve infants, toddlers, preschoolers, and/or school age children, and can include preschools, kindergarten, before/after school programs, and summer programs. These programs are located in facilities in the community, including school buildings.

These programs are also licensed by the EEC according to size: small programs can enroll up to 10 children and large programs can enroll more than 10 children. EEC group and school-aged childcare licensing does not include any part of a public school system. To get an EEC license, a group or school-aged childcare program has to meet specific health, safety, supervision, and training standards, including the following:

- Programs must provide a healthy and safe environment and offer activities that help children develop and grow.
- Administrators and educators must be First Aid- and CPR-certified.
- Administrators and educators must be trained in child development and curriculum implementation.
- Programs must maintain appropriate ratios of educators to children.
- Programs must complete EEC's background record check requirements.