

Early childhood care

Sangeeta Parikshak gave the presentation summarized below.

TAKEAWAYS

Early childhood care providers are on the front lines of the opioid crisis.

About half of Head Start programs reported they had strategies related to opioid misuse in place.

Promising strategies include: providing staff with awareness and sensitivity training; strengthening connections between early childhood care providers and hospitals, child welfare agencies, and treatment facilities; and providing referrals to mental health services.



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Description of issue

Home visiting and center-based early childhood care and education programs provide services to at-risk expectant parents and families with young children. Programs provide information, support, and training about child health, development, and care. Increasingly, these early childhood care providers are seeing the effects of opioid use disorder and are thus in a good position to support such families. They can help by connecting families to services for substance misuse, including resources that might be able to reduce the risk that child welfare services will remove children from the home.

Home visitors can help mothers identify and address the concerns they have about bonding with babies born with neonatal abstinence syndrome. They can also guide mothers in caring for their babies' physical, cognitive, social, and emotional development. Care providers can help families engage in discussions of the issue, problem-solve, and plan for the future.

Parikshak's presentation focused primarily on the Head Start program, which includes both home visits and center-based care. The purpose of Head Start and Early Head Start is to promote the school readiness of low-income children by enhancing their cognitive, social, and emotional development. In addition to education services, Head Start programs provide health, nutrition, social-emotional, and family services.

Summary of presentation

Research suggests that disadvantaged populations are disproportionately affected by the opioid crisis.¹ Head Start staff who serve at-risk parents and their children are thus on the front lines of the opioid crisis. Specific challenges they encounter include:

- A shortage of bus drivers to provide transportation to childcare centers, because applicants cannot pass drug tests;
- Pregnant women in the program are misusing opioids and other substances, and home visitors lack training on how to discuss the risks for their unborn baby;
- Parents are reluctant to admit to substance use for fear of losing custody of their children;
- Staff lack training in how to respond when a parent who appears to be using substances comes to pick up their child; and
- Infants and children are entering care with neonatal abstinence syndrome, drug-related developmental delays, and trauma-related behavioral challenges, which require special training to deal with effectively.

A 2016 survey asked a sample of Head Start program managers about any strategies they had related to opioid misuse. The survey found that:

- Nearly half of responding Head Start managers had strategies related to opioid misuse;

- Of programs with strategies, nine out of 10 had strategies targeted to parents and other caregivers; about two-thirds had strategies that targeted staff; and just under half had strategies that targeted children;
- Strategies included:
 - Awareness and sensitivity training;
 - Closer partnerships with hospitals, child welfare, and local treatment facilities to provide coordinated care;
 - Interventions within the program to improve the parent-child bond;
 - Monthly support groups for grandparents;
 - Needle-exchange program to reduce hepatitis C;
 - Training staff to carry and administer Naloxone to counter the effects of opioid overdose; and
 - Mental health consultant support and referral.

The Head Start Early Childhood Learning and Knowledge Center provides additional resources on substance misuse for early childhood program staff.²

Research and policy implications

While early childhood care programs such as Head Start are well-positioned to mitigate the effects of opioid use disorder on families with young children, there are often insufficient resources to provide such services. Strategies such as coordinating funding from two or more sources to support the total cost of services can boost available resources. For example, in Pennsylvania, federal Head Start, Early Head Start, and state Pre-K funds are combined with childcare assistance funds to provide full-day, year-round services to low-income infants, toddlers, and preschoolers. Programs used these funds to hire community coordinators to work with home visiting programs and provide targeted training on how to discuss substance use with families, for example. Some programs piloted a seven-week program, “Families in Recovery,” which aims to strengthen parenting skills for those recovering from substance use disorder.

For children with neonatal abstinence syndrome, strong connections between hospitals and early intervention services like Early Head Start are important. Cross-referrals between home visiting programs and Head Start programs can also help children and families get the services they need.

The need for early childhood programs to have a strong focus on mental health and substance use cannot be underscored enough. Programs are often not equipped to provide training on substance use disorders for their early childhood workers. ■

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¹UW–Madison Institute for Research on Poverty, “The Opioid Epidemic and Socioeconomic Disadvantage,” *Fast Focus* 32-2018, March 2018. Available at: <https://www.irp.wisc.edu/resource/the-opioid-epidemic-and-socioeconomic-disadvantage/>

²The Head Start Early Childhood Learning and Knowledge Center is available at: <https://eclkc.ohs.acf.hhs.gov/>