



National Center on
Substance Abuse
and Child Welfare

IMPROVING EARLY CHILDHOOD OUTCOMES AND SYSTEMS FOR FAMILIES AFFECTED BY PARENTAL SUBSTANCE USE, SUBSTANCE USE DISORDERS, AND CO- OCCURRING MENTAL HEALTH DISORDERS



Fact Sheet 3: Cross-System Collaborative Strategies for Early Childhood Service Providers

This fact sheet enables early childhood service providers to: 1) understand the needs of families affected by substance use; 2) identify children affected by prenatal substance exposure (PSE) or exposure to parental substance use; and 3) coordinate effectively with community partners to meet the needs of children, parents, and family members.

Understanding the Needs of Families Affected by Substance Use

Substance use can harm family health and well-being and make it hard for parents to take care of and bond with their children. Thus, children of parents with or at risk of developing a substance use disorder (SUD)ⁱ can experience a variety of outcomes, including increased risk of child maltreatment; trauma; and effects on socio-emotional and physical development.^{1,2,3,4,5,6,7,8} If these children are also involved in the child welfare system, they have a lower likelihood of family reunification and stay longer in out-of-home care.^{9,10,11} See this National Center on Substance Abuse and Child Welfare (NCSACW) resource, [*Understanding Fetal Alcohol Spectrum Disorders for Substance Use Treatment Professionals*](#), for information on children and families affected by prenatal exposure to substances such as alcohol, which is the most frequently used substance during pregnancy.¹²

Despite evidence that substance use affects the entire family, traditional SUD treatment often focuses only on adults. Treatment services—sometimes due to factors beyond their control—do not always consider that adults are part of a family and might have children. Families affected by parental substance use are most effectively served through a [*family-centered approach*](#). This means providing a comprehensive array of clinical treatment and related support services to meet the needs of each family member (see [*Fact Sheet 2: Family-Centered Approaches in Early Childhood for Substance Use Disorder Treatment Programs*](#)). To make this work, different service systems can work together to break the cycle of substance use, SUDs, maltreatment, and trauma.

ⁱ The phrase “with or at risk of developing a SUD” refers to individuals who already have a diagnosed SUD as well as those who are using substances in a manner, situation, amount, or frequency that can cause harm to themselves or those around them.

To implement and strengthen a family-centered approach, see [Action Guiding Questions to Strengthen Family-Centered Practice for Families with Children 1-6 and Affected by Parental Substance Use Disorders and Co-Occurring Mental Health Disorders](#). In addition to discussion questions on collaborative practice, it includes questions for agency leaders of child welfare, early childhood, and SUD and mental health treatment systems to initiate discussion on family-centered policies and practices within their individual systems.

Steps for Early Childhood Service Providers to Identify Children Affected by PSE or Exposure to Parental Substance Use

Providing any service starts with figuring out what families need. *Early* identification of families with young children affected by PSE or parental substance use is critical to optimal child development. This process leads to referrals for comprehensive assessments and subsequent treatment and services. Early identification ensures the entire family system receives necessary support for the best outcomes.

Early childhood service providers might not realize they are working with children affected by PSE or exposure to parental substance use. The following steps help frontline staff identify children and ensure their needs are met:

- 1** **Increase knowledge and understanding** of the symptoms and effects of PSE or exposure to parental substance use on young children (see the Office of Planning, Research, and Evaluation's [Touchpoints for Addressing Substance Use Issues in Home Visiting](#), for more information). For example, signs of fetal alcohol spectrum disorder (FASD) can range from mild to severe among infants, children, and adults. Difficulties with self-regulation, memory, and reasoning due to prenatal alcohol exposure can make children seem "disobedient" and adults seem "irresponsible." For young children, this can lead to problems such as suspension or expulsion from preschool and daycare settings as well as disruptions in out-of-home care placements, resulting in *multiple* placements and transitions.¹³ Children who experience multiple placement changes are also at-risk for negative socio-emotional and other outcomes.¹⁴
Early childhood professionals such as preschool or daycare providers may help children by: 1) ensuring a consistent, stable, and nurturing environment; 2) helping parents identify and understand their children's experiences in the classroom or daycare environment; and 3) connecting families to early intervention and other services. Early intervention services can take necessary steps to ensure that their staff know the effects of PSE and parental substance use on early childhood development and can provide (or partner with other service systems to provide) the relevant interventions to reduce the socio-emotional, physical, and other effects children experience. Knowing the network of early intervention services agencies and eligibility for [Individuals with Disabilities Education Act \(IDEA\)](#) funding is an important knowledge base for such connections.
- 2** **Build trust with families** through the use of [Motivational Interviewing](#) techniques and a trauma-informed approach during interactions with parents to better engage and build relationships. A trauma-informed approach involves recognizing and meeting the needs of a parent, child, and family who have a history of traumatic experiences. Understanding a family's trauma, economic stress, and other barriers to enrollment in services and supports can help early childhood providers better assess any developmental needs and take steps to meet them. A variety of resources on trauma-informed care are available for early childhood professionals including American Academy of Pediatrics' [Trauma-Informed Care](#) which describes a relational health care approach and provides an online course for pediatricians and other healthcare professionals.
In addition to recognizing families as an essential collaborative partner in the decision-making process, another key to engaging families involves identifying protective factors and building recovery capital. This is defined as "the sum of personal and social resources at one's disposal for managing drug dependence and bolstering one's capacity and opportunities for recovery"¹⁵ (see [How Can a Peer Specialist Support My Recovery From Problematic Substance Use? For People Seeking or In Recovery](#) for more information). Moreover, including individuals with personal expertise on staff can act as a bridge between parents and providers while building trust with families (see [Fact Sheet 1: Early Childhood Practice and Policy for Child Welfare Agencies](#) for information on peer support specialists).

3	<p>Implement (or make a referral for) screening for all children to identify neuro-behavioral, socio-emotional, and developmental challenges. A brief developmental screen can be conducted by a variety of early childhood professionals including preschool teachers, pediatricians, and others.¹⁶ The purpose of the screen is to determine whether a developmental assessment or evaluation is needed. A developmental assessment determines the presence of a developmental or other challenge, informs treatment planning, and is often used to determine eligibility for early intervention services. Assessments are typically conducted by child psychologists, developmental pediatricians, and other trained providers.</p> <p>Universal screening can help facilitate completion of an assessment and service initiation. There are various screening tools for young children including the Ages and Stages Questionnaire, Third Edition (ASQ-3). The ASQ-3 was developed for use in a wide variety of early childhood settings including the family's home or in an office setting and is completed by parents.</p>
4	<p>Provide brief screening and referral to mental health and SUD assessment and treatment for parents and family members of children receiving services. Screening, Brief Intervention, and Referral to Treatment (SBIRT) quickly offers insight on the effects of an individual's substance use and referrals to substance use services for a clinical assessment to determine treatment needs.¹⁷ Various opportunities exist, such as infant/young children pediatric wellness appointments, intake appointments prior to starting preschool or daycare and home visits, for early childhood professionals to implement SBIRT and a validated screening tool. Screening tools such as the UNCOPE or 4P's can be incorporated into forms or verbally implemented (see a case vignette demonstration at Screening for Substance Use in Child Welfare Using the UNCOPE).</p>

Strategies for Effective Cross-System Collaboration

Coordinating services with other community providers is essential to meet the early childhood needs of families affected by PSE or exposure to parental substance use (see [Fact Sheet 2: Family-Centered Approaches in Early Childhood for Substance Use Disorder Treatment Programs](#) for a recommended list of agencies to partner with when serving families with children ages 1-6). Leaders of early childhood services can implement the following strategies to promote effective and efficient cross-system collaboration and realize the goal of improving outcomes for families:

- **Host regular cross-system training sessions** to learn how each system works and understand families' needs better. This activity builds trust and improves how services are coordinated. While early childhood service providers may provide direct support to families, they can also make referrals to services for young children. For example, child welfare service agencies—together with many community partners—work to strengthen families and keep children safe (see [Fact Sheet 1: Early Childhood Practice and Policy for Child Welfare Agencies](#)) through the provision of services and practices such as conducting risk and safety assessments of children. Having an increased understanding of other family-serving agencies can promote open communication, prompt referrals, and opportunities for consultation in unique areas of professional expertise.
- **Coordinate preschool family team meetings** for young children facing suspension and expulsion from preschool and daycare settings. Parental involvement and expertise of various providers both bring valuable perspectives, allowing the collaborative team to break down barriers, solve problems, and adjust service plans to respond to children's needs. Early intervention, *prior* to a child's suspension or expulsion, remains critical.
- **Develop data sharing agreements among various partners** from different systems outside early care and education programs. In addition to assessing families' progress and outcomes, this action enables the collaborative team to: 1) examine the effects of services on families with shared characteristics, and 2) identify service gaps and needed improvements to service delivery while understanding the privacy rights and needs of families.
- **Participate in training** to learn about substance use and co-occurring mental health disorders, treatment, and recovery and reduce stigma associated with substance use. Early childhood service providers can seek training opportunities on topics like substance use, SUD, trauma, and co-occurring mental health disorders.



Parent Perspectives: Click on this [link](#) to view a brief video of a subject matter expert share their experiences of trauma associated with SUDs during the birth of her child.

Summary

This fact sheet covered information on identifying children affected by PSE or parental substance use and coordinating with community providers to meet families' early childhood needs. For more resources on early childhood to help build capacity for providers, refer to

- [Fact Sheet 1: Early Childhood Policy and Practice Recommendations for Child Welfare Agencies](#) for challenges related to PSE or parental substance use during the early childhood period and accompanying strategies for responding to families' needs
- [Fact Sheet 2: Family-Centered Approaches in Early Childhood for Substance Use Disorder Treatment Programs](#) for information on how to implement a family-centered approach and provide early support to families
- [Action Guiding Questions to Strengthen Family-Centered Practice for Families with Children 1-6 and Affected by Parental Substance Use and Co-Occurring Mental Health Disorders](#) for guidance on questions to initiate discussion with partners in preparation for action

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