

Coordinating Child Care Consultants: *Combining Multiple Disciplines and Improving Quality In Infant/Toddler Care Settings*



National
Infant & Toddler
Child Care
Initiative
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ZERO TO THREE

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If It's Thursday, It Must be the Literacy Consultant

Today is Thursday in Sonia's Child Care Center. Sonia stops by the infant classroom to remind Badia that the literacy consultant will be in her classroom from 1:00 to 2:00. When Sonia leaves, Badia turns to her coworker and says:

Another consultant—that's the fifth one this month! Last week we met with both the behavior specialist to discuss the biting situation and the infant mental health consultant for our regular monthly meeting. On Monday the health consultant spent 2 hours here giving me recommendations on improving our diapering procedures. And today it's the literacy consultant! And tomorrow the accreditation consultant is coming. How am I supposed to spend time with the children when I have to be with these consultants? And to top it off, some of them are saying different things—one says to move the shelf this way so you have better visibility of the biter, and another says I need to turn the shelf the other way to create a cozy reading corner. And to be honest with you, I don't think some of them have ever worked with infants before. Oh, and guess what? I spoke with Amy at Sunshine Child Care and she said that, because they are out in a rural section of the county, they are unable to access consultants at all! It is good that we have consultants to work with, but it's hard to do that and give my undivided attention to the babies. I am so frustrated!

In this vignette, Badia is frustrated about managing the frequent meetings with and recommendations from the various consultants visiting her classroom. Although Badia has access to a wide range of consultants, other infant/toddler care settings may not have any consultants working with them. This story illustrates what is happening in many infant/toddler care settings across the country. The good news is that, over the last several years, a growing number of consultants from multiple disciplines are serving infant/toddler caregivers (I/T caregivers).¹ The not-so-good news is that I/T caregivers are sometimes receiving visits and information from multiple consultants with very little time to integrate all of the recommendations to improve the quality of their care settings. At the opposite end of the spectrum, some I/T caregivers are unable to access consultants at all or may find it difficult to identify appropriate consultants to serve their needs.

¹ In this brief, "I/T caregivers" inclusively refers to infant/toddler teachers; caregivers; parents; families; center-based providers; family child care providers; and family, friend, and neighbor caregivers.

TYPES OF CONSULTANTS

Nationally, there is a growing pool of independent and networked professional child care consultants representing multiple areas of development. The variety of child care consultants serving infants and toddlers may include:

- Infant/toddler specialists
- Home visitor consultants
- Health/safety consultants
- Mental health consultants
- Nurse consultants
- Early Intervention consultants
- Early childhood education consultants
- Oral health consultants
- Nutrition consultants
- QRIS consultants
- Family support specialists
- Accreditation consultants

Imagine how different Badia's and Amy's experiences could be if States² coordinated consultants from the many disciplines providing services to I/T caregivers.

One purpose of this paper is to help provide a framework and practical suggestions for coordinating and educating consultants. Coordinated networks improve communication and collaboration among consultants and with the infant/toddler caregivers they serve. Another purpose is to discuss how child care consultation networks can improve I/T caregivers' access to discipline-specific services, including health, mental health, oral health, education, early intervention, social services, and others.

WHY IS IT IMPORTANT TO COORDINATE CONSULTANTS FROM MULTIPLE DISCIPLINES?

Research supports child care consultation as a method to improve programmatic quality of care and facilitate family involvement.³ Twenty-three States have formal infant/toddler specialist networks⁴ whose specialists often serve as consultants in child care settings. Although many other States do not have a formal network of specialists, they do have different kinds of consultants working in infant/toddler settings with varying levels of education and experience in the development of young children.

A child care consultation network can coordinate consultants from the same or different disciplines in a formal system that improves consultants' efficiency in working directly with I/T caregivers to improve the quality of care. If consultants are encouraged to work collaboratively across disciplines within a coordinated framework, such as an infant/toddler specialist network, they may improve their ability to support infants and toddlers—and ultimately may have a greater effect on quality of care. Creating statewide, regional, or locally based coordinated consultation networks may improve the efficiency of resources provided to I/T caregivers and consultants. Coordinated networks may further increase the quality of consultation by supporting more individualized consultation, cross-discipline information sharing, improved management of information provided to caregivers, and formal communication and collaboration among consultants. The benefits of coordinating consultants working in the State may include:

- Increasing the array and equal accessibility of infant/toddler professional development opportunities for consultants and I/T caregivers

² In this brief, "States" refers to States, Territories, and Tribes.

³ J. Kotch and T. Barton, "Early Childhood Consultation Strategies" (PowerPoint presentation at the Early Childhood Network Meeting, National Training Institute for Child Care Health Consultants, Reston, VA, September 25, 2006), retrieved February 4, 2010, from <http://www.state-eccs.org/meetmaterials/materials/0906/jkotch.ppt>; W. Gilliam, "Early Childhood Consultation Partnership: Results of a Random-Controlled Evaluation: Final Report and Executive Summary" (Child Health and Development Institute of Connecticut, 2007), retrieved February 4, 2010, from <http://www.chdi.org/admin/uploads/8903394946c41768730.pdf>; Oregon Child Care Health Consultation Program, "Improving the Health and Safety of Children in Oregon's Child Care: Implementation and Outcomes of Oregon Child Care Health Consultation Program", (Oregon Department of Human Services Public Health Division & Pacific Research and Evaluation, March 2008), retrieved February 4, 2010, from http://www.oregon.gov/DHS/ph/ch/hcco/docs/cchc_outcomes.pdf.

⁴ National Infant & Toddler Child Care Initiative, "Infant/Toddler Specialist Network Fact Sheet" (Washington, DC, 2010, available from http://nitcci.nccic.acf.hhs.gov/resources/it_specialist_factsheet.pdf).

ISSUES THAT MAY REQUIRE CONSULTATION

- Health practices
- Accreditation
- Quality rating
- Special needs
- Child welfare
- Language and literacy
- Immigrant families

- Creating opportunities for consultants to network and share information to ensure that I/T caregivers get consistent and accurate information
- Easing the burden on I/T caregivers in managing and coordinating incoming information and schedules
- Expanding direct or indirect access to the range of consultants available
- Building greater capacity to serve growing numbers of I/T caregivers requesting consultation services
- Enabling tracking, monitoring, and evaluation to assess the quality of consultants and the services provided
- Building on and linking to existing early childhood system initiatives, such as quality rating improvement systems (QRIS), professional development systems, or infant/toddler specialist networks

CONSULTATION MODELS: A COLLABORATIVE CONTINUUM

Consultation is a process to engage I/T caregivers to provide them with new knowledge, skills, and support in order to facilitate high-quality infant/toddler care. There are three basic types of consultation models, each with different philosophical foundations that guide interaction, coordination, and collaboration between the consultant and the I/T caregiver. These models can also enhance communication and cooperation between consultants on behalf of infants, toddlers, and families. When viewed on a continuum, these models guide the interaction process with increasing levels of formality and structure.

Collaborative Consultation Continuum



In multidisciplinary consultation models, professionals from several disciplines work independently of each other, usually within a loosely structured interactive framework. Consultation provided in this way can lead to information overload for I/T caregivers, fragmented services for children, and confusing or conflicting reports to families. The multidisciplinary model may also place the burden of coordination and information management on the I/T caregiver.

Interdisciplinary consultation models use formal channels of communication that encourage consultants to share information and discuss individual outcomes across disciplines and with I/T caregivers. Within this model consultants representing various disciplines separately consult with I/T caregivers. Periodically the consultants come together to share information and collaborate on a program, community or regional level to inform or develop plans for additional support.

The transdisciplinary consultation model is the most formal approach. This model attempts to overcome the confines of individual disciplines to support engagement that crosses and re-crosses disciplinary boundaries and thereby maximizes communication, interaction, and cooperation. Consultants are guided by tightly structured procedures for communication, and decisions are typically

made by the team of consultants. The transdisciplinary model allows consultants to enhance their cross-discipline knowledge to benefit the collaborative process.

States may select one or more of these models—or create their own model for coordinating multiple consultants to reach these goals: to improve communication among consultants, to streamline access and delivery, to integrate with existing consultant initiatives, and to provide opportunities for professional development. States can think through the following questions to strategize ways to coordinate multiple consultants using the checklist in *Appendix A* as a guide.

QUESTIONS TO CONSIDER: COORDINATING CHILD CARE CONSULTANTS FROM MULTIPLE DISCIPLINES

The following questions can aid State efforts to coordinate multiple, discipline-specific consultants serving infant/toddler care settings.

1. Who is providing consultation currently in your State?

States can begin by identifying and collecting information about the range of child care consultants already working in the State to answer these questions:

- Who is providing consultation services in the State?
- What infant/toddler care settings are served by consultants?
- How are the needs of infants, toddlers, and families met by consultants?
- Are there gaps in services to infant/toddler care settings and families?

2. How do I/T caregivers access existing consultant services in the State?

Are consultants accessed through a single system, or through multiple points of entry such as?

- Statewide, regional, or local consultant database?
- Child care resource and referral (CCR&R) agencies?
- Consultant registry?
- Professional development registry?

3. Are there efforts to inform infant/toddler settings of how to access and effectively use consultation services?

States can consider how to provide information to infant/toddler settings on accessing and effectively using consultation services through a variety of ways:

- Workshops, training and education opportunities
- Child care resource and referral (CCR&R) agencies
- Child care provider newsletters
- Licensing and subsidy administration

4. What stakeholder groups are involved in consultation system building? Any of these groups already coordinating any services?

States can identify the key stakeholder groups needed to develop a coordinated child care consultant network. Potential stakeholders include:

The Child Care and Development Fund's [CCDF] Preliminary Report of State and Territory Plans FY 2010-2011¹ identified States that planned to use CCDF funds to support health consultants, mental health consultants, infant/toddler specialists and inclusion specialists. In addition, 37 States planned to use CCDF funds to support technical assistance to infant/toddler care programs and providers; and 25 States fund I/T specialists or health consultant positions.

¹ <http://nccic.acf.hhs.gov/>

- Child care resource and referral networks
- Early childhood education consultants
- Family outreach
- Head Start/Early Head Start
- Health consultants
- Higher education
- Mental health consultants
- Nutrition consultants
- Oral health consultants
- Part C/Early Intervention
- QRIS
- Child welfare

5. What are the child care consultant qualifications and standards for each consultant discipline?

As States begin to think about coordinating consultants into systems, they can consider establishing generic or core qualifications, along with discipline-specific qualifications, to ensure a network of qualified consultants. Qualifications could include:

- Infant/toddler core knowledge and competencies
- Experience in the field
- Child care licensing requirements
- Educational requirements
- Certification or credential requirements
- Professional licensure

6. What funding sources are available to support coordinating consultants from multiple disciplines?

States can consider the following funding sources for supporting coordinated consultation networks:

- Child Care and Development Fund
- Early Intervention Program for Infants and Toddlers with Disabilities (Part C)
- Maternal and Child Health Administration
- Substance Abuse and Mental Health Services Administration
- Local and State government
- Private foundations

7. What entity would coordinate consultant access and delivery?

Access to and delivery of child care consultation services can be an opportunity to coordinate consultants in the State. Requests from programs for consultant services and tracking of services could be funneled through a single point of entry, such as a CCR&R network or QRIS initiative. States can explore the use of professional development registries to house central information on child care consultants, including qualifications and areas of expertise.

States can also identify an entity that could manage the coordinated consultant network activities. Possible choices might include:

- Health and mental health systems
- Higher education systems
- Professional development systems
- Child care resource and referral networks
- State agencies

States can consider one or more strategies to manage consultant services. For example:

- States may choose an organization to support a coordinated network.
- States may create a virtual structure that encourages or requires coordinated work.
- Consultants in the State could use common practices and processes no matter what organization employed or contracted them.
- Consultants could remain independent contractors but be required to work within a coordinated framework.

8. What types of professional development opportunities are available to support coordinated consultant practice?

As States, communities, and organizations move toward coordinated consultation, States may consider the need to establish professional development standards and supports for consultants, including:

- Pre-service and in-service infant/toddler education and training
- A common body of knowledge about coordinated practice
- Infant/toddler consultant core knowledge and competencies
- Networking opportunities
- Web-based portals to support communication
- Periodic meetings

9. How can consultants integrate with infant/toddler quality initiatives?

State can assess how consultation initiatives can be integrated with and support quality infant/toddler initiatives, such as:

- Early Head Start
- Early Intervention/Part C
- Infant mental health
- Infant/toddler core knowledge and competencies
- Infant/toddler Early Learning Guidelines
- QRIS

10. How can States evaluate the effectiveness of coordinated consultant networks?

Key questions to consider include:

- What are the desired outcomes of the network?
- What will be the performance measures?
- What entity will be responsible for monitoring and evaluation?

CONCLUSION

The increasing complexity of knowledge about infant/toddler development continues to challenge States to ensure that I/T caregivers have access to consultants and other resources to support quality care. States are making great strides in understanding the many factors that contribute to the growing need for consultation, and they are beginning to strategize ways to ensure that consultation practice is collaborative across disciplines, providing efficient, accessible, and informed resources to I/T caregivers. States can continue this discussion and develop strategies for coordinating consultants so that services are delivered within a cohesive framework that helps I/T caregivers better integrate recommendations into day-to-day care giving.

If optimal outcomes for infants, toddlers, and their families are the ultimate goal, it is essential that States continue to validate effective and efficient consultation models. A few States have started to develop, implement, and evaluate coordinated systems of consultation. Following are examples of States that have implemented various types of consultation network initiatives.

EXAMPLES: COLLABORTIVE CHILD CARE CONSULTANT INITIATIVES

REGION I STATES

The six New England States, in collaboration with the Region I Child Care Bureau office and the National Infant & Toddler Child Care Initiative, developed three infant/toddler modules for consultants from multiple disciplines working with child care settings serving infants and toddlers. The purpose was to provide consultants with information on infant and toddler development and on best practices and to support their professional development and foster collaborative consultation across disciplines. The modules were delivered to multidisciplinary teams from each of the six States in 2009–10. States have developed action plans to integrate the modules into professional development supports for child care consultants. For more information on modules, see <http://nitcci.nccic.acf.hhs.gov/resources/consultants.htm>.

CONNECTICUT

In 2005, a statewide symposium and a corresponding white paper, *Creating a Statewide System of Multi-Disciplinary Consultation for Early Care and Education in Connecticut*, were created in response to Healthy Child Care Connecticut (HCCCT), the Connecticut Head Start State Collaboration Office and the Child Health and Development Institute activities. Building on symposium presentations and discussions, the paper outlines a receptive State policy and regulatory context and offers practical guidance on design and implementation of a system that builds on existing consultation programs. Connecticut also offers training to multidisciplinary consultant teams annually through HCCCT. For more information, see http://nitcci.nccic.acf.hhs.gov/resources/10262005_93815_901828.pdf.

MAINE

Maine's Technical Assistance Network includes education specialists, the After School Network director, Head Start grantee support specialists, inclusion specialists, the infant/toddler specialist, and the accreditation specialist. Consultants must have, at minimum, a bachelor's degree (master's degree preferred) and experience and knowledge of early childhood development. The education, inclusion, and infant/toddler specialist positions all require degrees in child development or a closely related field. Mental health consultants must have clinical licensure and 20 hours of training in early childhood consultation. The members of the Technical Assistance Network meet quarterly to share information and work through field issues related to consultation. This group is also supported by an e-mail listserv. For more information, contact Allyson Dean, Director, Maine Roads to Quality, adean@usm.maine.edu.

APPENDIX A

QUESTIONS TO CONSIDER: COORDINATED CHILD CARE CONSULTATION NETWORKS IN INFANT/TODDLER SETTINGS

COORDINATED CHILD CARE CONSULTATION NETWORK DEVELOPMENT	RESPONSES	NOTES
1. <i>Who is providing consultation currently in your State?</i>		
2. <i>How do IT caregivers access existing consultant services in the State?</i>		
3. <i>Are there efforts to inform infant/toddler settings of how to access and effectively use consultation services?</i>		
4. <i>What stakeholder groups are involved in consultation system building? Are any of these groups already coordinating any services?</i>		
5. <i>What are the child care consultant qualifications and standards for each consultant discipline?</i>		
6. <i>What funding sources are available to support coordinating consultants from multiple disciplines?</i>		
7. <i>What entity would coordinate consultant access and delivery?</i>		
8. <i>What types of professional development opportunities are available to support coordinated consultation practice?</i>		
9. <i>How can consultants integrate with infant/toddler quality initiatives?</i>		
10. <i>How can States evaluate the effectiveness of coordinated consultant networks?</i>		