

12-31-2014

## Enhancing Child Care for Children with Special Needs Through Technical Assistance

Cyleste C. Collins

*Jack, Joseph, and Morton Mandel School of Applied Social Sciences, Case Western Reserve University, ccc17@case.edu*

Rob Fischer

*Jack, Joseph, and Morton Mandel School of Applied Social Sciences, Case Western Reserve University, fischer@case.edu*

Nina Lalich

*Jack, Joseph, and Morton Mandel School of Applied Social Sciences, Case Western Reserve University, nrl@case.edu*

Follow this and additional works at: <http://digitalcommons.library.tmc.edu/jfs>

---

### Recommended Citation

Collins, Cyleste C.; Fischer, Rob; and Lalich, Nina (2014) "Enhancing Child Care for Children with Special Needs Through Technical Assistance," *Journal of Family Strengths*: Vol. 14: Iss. 1, Article 9.

Available at: <http://digitalcommons.library.tmc.edu/jfs/vol14/iss1/9>

The *Journal of Family Strengths* is brought to you for free and open access by CHILDREN AT RISK at DigitalCommons@The Texas Medical Center. It has a "cc by-nc-nd" Creative Commons license (Attribution Non-Commercial No Derivatives) For more information, please contact [digitalcommons@exch.library.tmc.edu](mailto:digitalcommons@exch.library.tmc.edu)



---

# Enhancing Child Care for Children with Special Needs Through Technical Assistance

## **Acknowledgements**

This study was funded through the Office of Early Childhood/Invest in Children of Cuyahoga County, Ohio, with support from The Cleveland Foundation. The authors also thank Starting Point for their staff's assistance with this study. The authors are grateful to the staff of the Center on Urban Poverty and Community Development for their assistance in the research. In particular, Jessie Rudolph, Curtis O'Neal, and Paige Hardy provided substantial assistance. We are grateful also to the TA agency, child care centers, parents, and others who responded to our survey and assisted in other ways.

## **Introduction**

This paper reports on ongoing evaluation work of a county-wide special needs child care program. For the past 13 years, the county has evaluated its special needs child care program, examining the perspectives of parents, teachers, and center directors at different times and connecting these perspectives to different children's experiences. The intent of this study was to bring together these three perspectives along with the technical assistance (TA) consultant's perspective on the same set of cases. By doing so, the study aimed to more fully illuminate the case experiences and the outcomes that emerge in the special needs child care program.

## **Literature Review**

Recent work has focused on examining the economics of investing in early childhood. Research has indicated that financial investments in improved care of children with special needs yield benefits that outweigh the initial costs (see Fiks, Mayne, Localio, Alessandrini & Guevara, 2012). In addition, benefits might be even greater for parents of children with special needs, whose care tends to be more costly, as will be discussed below. The benefits of tailoring services for children with special needs and the need for specialized training for the teachers who work with them are well documented (Goldson, Louch, Washington, & Scheu, 2006; Pianta & Kraft-Sayre, 2003). Specialized training for teachers has been shown to be important to effectively training infants and toddlers teachers, but is especially critical for teachers who have children with special needs in their classrooms (Howes, Whitebook & Phillips, 1992; Levins, Bornhold, & Lennon, 2005). In addition to training individual teachers, children with special needs are best served when the professionals involved in their care communicate with each other and coordinate care (Ceglowski, Logue, Gibert & Ulrich, 2009; Pianta & Kraft-Sayre, 2003; Turner, 1998), the care is consistent and high quality (DeHaas-Warner & Pearman, 1996), and parents are involved (Pianta & Kraft-Sayre, 2003; Trotman, 2001). Additionally, scholars have argued that effective child care services in special needs situations must be tailored to "...the child and not the disease or disorder" (Goldson et al., 2006, p. 166).

Research has found that having a child with special needs can be extremely stressful for parents (Turner, 1998), and that parents of children with special needs face a number of challenges as compared with parents of children without special needs. Parents of children with special needs tend to have a harder time finding high quality child care for their children, are less likely to have formal child care, and are able to arrange child care

for fewer hours (Booth & Kelly, 1998; Rosenzweig, Brennan, Huffstutter & Bradley, 2008). Research has found that these challenges can result in the parents of children with special needs delaying and/or decreasing their participation in the work force (Booth & Kelly, 1998; Booth & Kelly, 1999; NICHD Early Child Care Research Network, 2005; Scott, 2010), and is an important part of many mothers' decisions about returning to work (NICHD Early Child Care Research Network, 2005). These parents often must balance the demands of their own employment with caring for child's needs, including appointments with multiple professionals, depending on the type(s) of special need(s) (Booth & Kelly, 1999; Scott, 2010; Turner, 1998). Research has found that parents with these concerns tend to turn to informal, and/or family-based networks of care (NICHD Early Child Care Research Network, 2005), which can limit their work flexibility. To best support these families, it is essential, then, that communities and organizations rise to meet the needs of these parents, provide specialized training where necessary, and widen the network of choices for families with children with special needs (NICHD Early Child Care Research Network, 2005).

### **Program Description/Context**

The countywide special needs child care consultation program has served 6,540 children between the ages of 3 and 5 since the program began six years ago, approximately 1,100 children per year. The program model revolves around a centralized technical assistance office that contracts with community organizations' technical assistants (TAs)--master's level trained social workers and therapists--provide consultations to both center-based and family child care homes (this paper focused on experiences in center-based care) on the behalf of the teacher. Such consultation services are used when child care center directors, teachers, or parents request specialized services to deal with special needs in a classroom. Such special needs are broadly defined, and include but are not limited to: developmental disabilities, health conditions, physical and behavioral concerns. Depending on the need(s) of the child care teacher and/or center, the child care technical assistants provide a wide range of services, and/or a variety of other needs. These might include training teachers and center staff regarding strategies on how to best work with a specific child with a particular special need (including but not limited to their therapeutic needs, equipment, food limitations, etc.). Consultants also assist centers in training staff regarding working with children who have particular special needs. Consultants might suggest supplies and/or equipment, approaches, and provide support as needed for child care

providers and families. Consultants are contracted to provide a minimum of two visits to the child care center, and also frequently work with parents, following up by telephone and/or in-person with home visits, as appropriate per case.

The children served by the TA services mentioned in this paper are preschool aged, living in a mid-sized Midwestern city, and attending center-based child care settings. The program was developed in part to help break down the barriers faced by parents of children with special needs. Such barriers include lack of communication between caregivers, a lack of coordination between service providers, financial and eligibility barriers, and inability to access appropriate services (Pabian, Thyer, Straka, & Boyle, 2000). The program attempts to address these barriers by having a “no wrong door” policy, in which there are multiple ways for a child to receive early intervention services, and to make accessing and navigating the system easier for families. Referrals come from any number of service systems including pediatric offices. Research has argued that community services that are integrated, accessible, and of high quality for addressing children’s special needs are critical to supporting these families (Helburn & Howes, 1996; Johnson & Kastner, 2005; Kertoy et al., 2013).

### **Findings from Previous Evaluations**

Findings from previous evaluations of this project have indicated that parents have been overall very satisfied with the services they received, and have found that the adults involved in the child’s care are critical to a successful outcome (Coulton 2005). Parents have in general been very satisfied with the services they received, especially appreciating help in locating childcare appropriate for their child’s special need. Receipt of TA services was also associated with child care stability, or being able to maintain placement in a child care facility for longer periods of time. Additionally, child care providers noted that consultants who had established a positive rapport and were knowledgeable and expressed a commitment to helping the child and his/her family were most satisfied. Child care providers also noted that training was critical to more effectively helping children with special needs, as well as helping them become more comfortable in working with the children. Thus, training is crucial to teachers, parents and other adults being able to help children with special needs and their families. Well-trained, committed, and knowledgeable TA consultants who have access to resources and the ability to be a source of support for child care providers, the child and his or her family were considered key to enabling providers to become willing, able, and

confident enough to make changes in their classroom management techniques. TA consultants were considered most successful if they provided suggestions to teachers and/or center directors, with the teachers and directors actually implementing such changes. TA consultants who followed up with teachers, center directors, and parents were also considered a key to the child's success.

### **Research Questions**

The study sought to explore the perspectives of different adults involved in the same special needs child care consultation service cases. We asked the following research questions: (1) To what extent are the adults involved in the child's case (i.e., parents, TA consultants, teachers, and center directors) satisfied with the consultation experience? (2) Do factors related to the child (e.g., the reason for the initial consultation) or factors related to the consultation itself (e.g., qualities of the consultant) play a role in the adults' satisfaction?

## **Method**

### **Study Sample**

Children with special needs came to the attention of consultation agencies when the child care center the child attended requested assistance from technical assistants coordinated by a countywide special needs program. A "special need" was considered to be any need that a child might have that a teacher or center needed to deal with separately from other children. Children's special needs included, but were not limited to having food allergies, developmental delays, medical needs (e.g., breathing treatments), and social issues (e.g., biting, aggression). Data from seven agencies in one county were used to identify eligible cases. The study targeted cases involving requests for consultation associated with a "new" child, defined as a child that had not been the subject of a consultation by the agency in the previous six months.

A total of 504 children had their first TA visit in the nine-month study time period. Children's cases were selected for study inclusion if they were in center-based care, had complete data at the time of the survey, and had not declined to be contacted for research opportunities. A total of 277 cases met these criteria, and parents were contacted to request their participation in the study. A total of 99 parents returned completed surveys (36% response rate), 69 of these parents (70%) gave "full" consent which allowed the research team to send a survey to other adults involved in the child's case, while 30 (30%) gave only partial consent, which allowed us to

use only their data and did not allow us to request surveys from the other adults. While some parents simply did not return surveys, others were unable to be contacted. Surveys were often returned to us via mail as undeliverable, and TA consultants reported back sporadically that they were unable to contact families because they had moved, lost their vouchers, lost their jobs, etc. The study was conducted under an approved human subjects protocol.

Analysis of the administrative data set that was used to help recruit participants allowed an examination of differences between respondents and non-respondents. Parents who responded to the survey (N=99) and those who did not (N=178) were similar to one another with regard to their age, child's gender, and who referred the child for the consultation. As compared with parents who did not respond, parents who responded to the survey were somewhat less likely to be Hispanic (2% vs. 9%), somewhat more likely to have been referred by their child's child care center, somewhat less likely to have a child with environmental risk or developmental concerns, and somewhat more likely to have a child with a health concern. Parent respondents were somewhat more likely to be White than non-respondents (36% vs. 21%).

## **Measures**

*Administrative Data.* While the survey was mailed to parents, administrative data provided complementary information about the characteristics of the child, as well as basic administrative information about the number of visits, referral to the program, and concerns leading to the consultation, allowing comparison of parent perception with the administrative record-keeping.

*Survey Instrument.* The survey instrument was developed and piloted by an evaluation team composed of university researchers, technical assistants, and technical assistance agency supervisors. The survey was developed to examine the respondents' perspectives of the consultation services the child, parent, and/or teacher(s) received. Parents, teachers, center directors, and TA consultants received nearly identical surveys. All surveys included questions that asked about who first requested consultation for the child, what concerns led to the consultation, whether there was a mental health diagnosis for the child, what the consultant did in the early childhood setting, any specialized services the child received, the number of TA visits, whether the consultation had concluded, and a range of questions having to do with qualities of the consultant him or herself, whether the respondent judged the consultation a success, and

the extent to which the respondent would recommend the consultation to others. The survey was followed by a series of demographic questions and left space for open-ended comments regarding the consultation.

*Measures of Satisfaction.* Because the research questions hinge on adults' satisfaction with the consultation, we evaluated the adults' satisfaction with the consultation using several measures. Questions about the degree to which the consultation was a success, and the extent to which they would recommend the consultation to others were considered. A series of questions asking about outcomes of the consultation were also indications of satisfaction; these questions were referred to as the adults' assessment of the consultation "outcomes." The seven outcomes questions asked about agreement with the following statements: (1) The teacher used information, suggestions and/or equipment consultant provided; (2) The consultation helped the teacher manage this child's needs; (3) The consultation increased the confidence of the parent in the setting's ability to handle child's special needs; (4) The consultation helped the teacher's ability to interact well with young children; (5) The consultation helped teacher's ability to handle discipline problems effectively; (6) The consultation led to the child having better attendance at the center; and (7) The consultation helped child participate more in classroom activities. These questions were evaluated using the following response choices: 1 = Strongly Agree, 2 = Agree, 3 = Disagree, 4 = Strongly Disagree, N/A, and "Don't know." Responses of N/A and "Don't know" were recoded as missing data. The responses were summed and the index was named "Consultation Outcomes." A low score indicated more responses of "Agree" and "Strongly Agree" and therefore more reports of the consultation being helpful, while higher scores were associated with less agreement and thus fewer feelings that the consultation was helpful.

*Consultant Qualities.* Three statements were used to evaluate the qualities of the consultant: (1) The consultant was knowledgeable about the child's special need(s) or type of support needed; (2) The consultant sufficiently followed-up with the parent after the visit; and (3) The consultant tried to involve the family in helping the child.

*Procedure.* For each eligible case, three months following the initial TA consultation, surveys were either mailed directly to the child's parent to request their participation, or the TA involved in the case would directly recruit parents to participate. Surveys were returned directly to the



research team via self-addressed, stamped envelopes. Parents gave written consent by returning a signed consent form that gave consent for either: (a) the researchers to contact the other adults in the study (full consent), or (b) their own participation without consenting to the other adults to be contacted (partial consent). All parent participants received a gift card for completing the survey. Teachers, directors and TA consultants who returned surveys were placed into a drawing for gift cards; fifteen gift cards were distributed—five persons in each of the three groups received gift cards.

*Sample Characteristics: Adults.* Of the parent respondents, nearly all (91%) were women (mothers), more than half were African American, and nearly half were White/non-Hispanic. More than a third (34.7%) had a high school degree or less, nearly two-thirds (65.3%) had at least some college education (see Table 1). About one quarter of parents indicated that they worked part-time, and 45% worked full-time. This number reflected the number of hours the child was in care outside the home as well—an average of 27.6 (SD = 16.3) hours. Parents reported that they had worked in their field for as little as less than one year to as many as 23 years with an average of eight years. Table 1 also displays the sample information for the other adults in the study. A total of 15 technical assistants, 21 center directors, and 29 teachers participated. Nearly all of the non-parent adults participating in the study were female. The TA consultant, teacher, and center director participants were on average, White women and approximately 40 years old. TA consultants tended to be somewhat older and had correspondingly more time in their work field than those in the other two groups, and teachers tended to be younger, with less time in their work field, and having attained a lower level of education than either TA consultants or center directors. TA consultants tended to report that their highest level of education was a master's or bachelor's degree, with more than half reporting that they had a master's degree or higher. In contrast, very few teachers and less than a quarter of center directors reported having a master's degree or higher level of education.

**Table 1.** Demographic Characteristics of Parents, TA Consultants (TAs), Teachers, and Center Directors

	Parents (N = 99)	TAs (N=15)	Teachers (N=29)	Center Directors (N=20)	Total (N=163)
Gender (% female)	90.9	93.3	100	95.2	94.9
Race (%)					
African American	53.6	13.3	20.7	20	26.9
White/Non-Hispanic	44.3	80	65.5	75	66.2
Hispanic	2.1	0	6.9	0	2.3
Other	0	6.7	6.9	5	4.7
Age (SD)	32.4 (8.5)	49.6 (13.0)	39.8 (11.4)	44.6 (11.3)	41.6 (11.1)
Education (%)					
Less than high school	10.2	0	0	0	2.6
High school/GED					
Some college/post-secondary degree	24.5	0	13.8	0	9.6
Bachelor's degree	38.8	0	58.6	33.3	32.7
Master degree or more	8.2	40	24.1	42.9	28.8
Years in work field (SD)	18.4 8.1 (5.5)	60 20.4 (9.9)	3.5 12.6 (7.9)	23.8 17.0 (9.1)	26.4 14.5 (8.1)

## Results

All results beyond demographic characteristics of the adults in the study refer to individual children's cases, as opposed to individual adults. Some adults (especially TAs themselves) completed multiple surveys on different children. Thus, the figures reported below refer to responses with regard to particular children's cases.

### Concerns Leading to Consultation

More than half of parents (50.5%) reported that social-emotional-behavioral issues (e.g., depression, anxiety, aggression, withdrawal, noncompliance, biting, ADHD, etc.) led to the consultation, while about one-third (32.3%) listed a developmental concern (e.g., communications, cognitive, autism, motor skills, speech/language delay, etc.), nearly one-third (28.3%) listed a medical/health concern (e.g., asthma, seizures,

diabetes, allergies, tube feeding, etc.), and 14% listed an environmental risk (“e.g., prevention, classroom management, etc.”) that led to the consultation. Nearly one quarter of parents reported that more than one concern led to the consultation for their child. Forty percent of parents reported that their child was not receiving specialized services and 25% reported that their child received specialized services (which included IEP, speech/language therapy, counseling, IFSP services, occupational therapy (OT) or physical therapy (PT) and other services). Overall, thirteen percent of parents reported that their child had a mental health diagnosis. Table 2 contains the proportions of children receiving each specialized service among those who receive them.

### Sample Characteristics: Children

Table 2 displays the characteristics of children on whose behalf TA services were provided. More than two-thirds of the children were male, with a mean age of slightly more than three years old. Just under half of the children were African American/Black, and more than one-third were white. Using sophisticated matching techniques, we examined whether a child had been eligible for Medicaid during the first month of his/her TA, a proxy for socioeconomic status. Slightly less than two-thirds were eligible. Nearly 90% had been referred for service from their day care center.

**Table 2.** Characteristics of Children for Whom Special Needs TA was Provided

	(N = 99)
Child Gender (%Male)	67.3
Mean Child Age (SD)	3.3 (1.7)
Child Ethnicity (%)	
Black/African American	47.9
White	37.2
Hispanic	2.1
Other	10.6
Unknown	10.6
Medicaid Eligibility (%)*	63.0
Referral Source (%)	
Day care center	87.8
Head Start	6.1
Other	3.0
Mean Hours in Child Care per Week (SD)	27.6 (16.3)
Mental Health Diagnosis (%)	13.0

Child Received Specialized Services (%)	25.3
IEP services	28.0
Speech/language	40.0
IFSP services	8.0
OT/PT services	12.0
Counseling	52.0
MR/DD services	4.0
Concern Leading to Consultation (%)	
Developmental	3.0
Social	70.7
Environmental	2.0
Health	25.3
None	1.0

---

*\*Eligible in the first month of the technical consultation visit*

### **Request for Consultation.**

To better understand the context under which parents understood the consultation, parents' understanding of who requested the consultation was examined (see Table 3). Slightly under one-third (60%) of parents reported that the center director or teacher was the first person to have requested the consultation, and one-third reported that they requested it (see Table 3). Among the "other" parties parents reported that had requested the consultation included another school or teacher, specific individuals (named), a physician, grandparents, a TA agency, and a local service organization. Separate analyses examining who had requested the consultation for each type of concern revealed significant differences. For children with medical concerns vs. those with no medical concerns, the center director or the parent was most likely to have requested the consultation, while a high percentage of parents reported not knowing who had requested the consultation ( $X^2(1, 4) = 15.67, p = .004$ ). For children with social/behavioral or developmental concerns as compared with children without those concerns, parents or teachers were most likely to have requested the consultation. Among children with environmental risk concerns there was also a high percentage reporting not knowing who had requested the consultation, although the difference was not significant. Among children with social/behavioral concerns ( $X^2(1, 4) = 12.3, p = .015$ ) and developmental concerns ( $X^2(1, 4) = 7.93, p = .09$ ), teachers were most likely to have requested the consultation, with parents and directors the next most frequent.

**Table 3.** Parents' report of who requested consultation by parents' report of their child's initial concern leading to the consultation.

Who Initiated Request for Consultation	(Parent Reported) Initial Concern (%)				Total (N=124)
	Social/ Behavioral* (n=50)	Health/ Medical* (n= 28)	Environmental (n=14)	Develop- mental (n=32)	
Parent	30.0	28.6	7.1	25.0	22.7
Teacher	38.0	3.6	21.4	37.5	25.1
Director	22.0	35.7	28.6	25.0	27.8
Other	6.0	7.1	21.4	12.5	11.8
Didn't know	4.0	25.0	21.4	0	12.6

Notes: N is greater than the total sample size because some parents reported that their child had more than one initial concern. \*  $\chi^2$  at  $p < 0.05$

### TA Activities during Consultation

Parents, TAs, teachers, and directors most frequently reported that the consultant observed their child and/or teacher in the early childhood setting and/or provided suggestions and/or materials directly related to their child. Some parents reported that they weren't sure what the consultant did in the child's care setting, or reported that the consultant offered another kind of service. Very few of any of the adults reported that the consultant observed their child in a special needs treatment setting (e.g., OT, PT).

### Qualities of the Consultant

A majority (80%) of parents at least agreed (41.8% strongly agreed) that the consultant was knowledgeable about the child's special need(s) or type of support needed, while only 2% disagreed, and another 11% reported that they did not know how knowledgeable the consultant was. About three-quarters of parents agreed that the TA consultant followed up with them and tried to involve the family in helping the child (see Table 3). Other adults' evaluations of the consultants were more positive than those of parents; more than 90% of the teachers and center directors reported and that the consultant was knowledgeable about the child's needs, though fewer reported that the TA consultant tried to involve the family in helping the child (see Table 4).

**Table 4.** Adults' Reports of Qualities of the Consultant (% Agree or Strongly Agree).

	Parent (N= 99)	TA Consultant (N=51)	Teacher (N=30)	Director (N=38)	Total (N=218)
Consultant knowledgeable about the child's special need(s) or type of support needed	79.6	98.1	93.8	94.7	91.6
Consultant sufficiently followed up with parent(s) after the visit	74.2	96.2	81.3	81.6	83.3
Consultant tried to involve family in helping child	74.5	88.5	81.3	81.6	81.5

*Note.* N's refer to number of completed surveys by each adult, not necessarily the N of adults.

### Outcomes of Consultation

The adults' reports on the outcomes of the consultation for individual children are displayed in Table 5. More than 90% of teachers and center directors and more than 80% of parents reported that they would recommend the consultation to others. Overall, parents tended to rate the outcomes of the consultation highly, often agreeing or strongly agreeing with the statements regarding the outcomes of the consultation, except in a few cases, including surrounding classroom-related items, including the impact of the consultation on the teacher and the child's participation in the classroom. On these items, the other adults' agreement was much higher. Very few parents disagreed and even fewer strongly disagreed (less than 10%) with any of the statements about how the consultation was helpful. The consultation was most frequently rated as increasing the parents' confidence in the child care setting's ability to handle the child's special needs and least in terms of improving the child's attendance. The other adults also tended not to agree that the consultation was associated with improving the child's attendance.

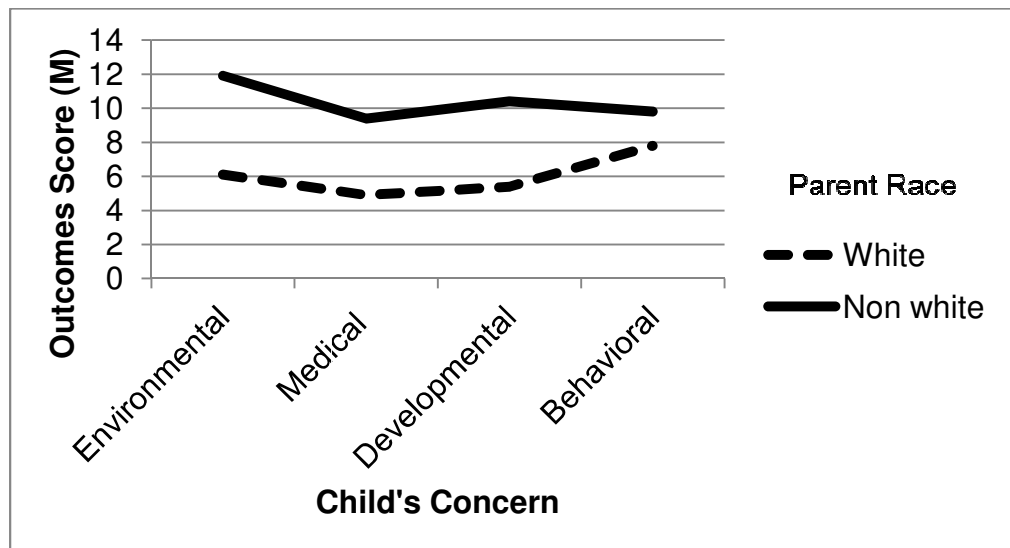
**Table 5.** Parent, TA Consultant, Teacher and Director Reports of Outcomes of Consultation

% Agreed	Parent (N= 99)	TA Consultant (N=51)	Teacher (N=30)	Director (N=38)	Total (N=218)
Teacher used information, suggestions and/or equipment consultant provided	57.1	86.3	93.8	92.1	82.3
Helped teacher manage this child's needs	65.3	86.5	93.8	92.1	84.4
Increased the confidence of parent in the setting's ability to handle child's special needs	67.0	70.6	64.5	57.9	65.0
Helped teacher's ability to interact well with young children	46.9	67.3	75.0	81.6	67.7
Helped teacher's ability to handle discipline problems effectively	42.9	59.6	71.9	68.4	60.7
The consultation led to the child having better attendance at the center	33.3	26.9	32.3	22.7	28.8
Helped child participate more in classroom activities	55.1	74.0	67.7	68.4	66.3
Outcomes Index (M (SD))	7.9 (4.7)	6.7 (2.9)	8.5 (3.5)	8.1 (3.4)	7.8 (3.6)
Consultation successful	82.8	92.3	83.9	78.1	84.3
Would recommend consultation to others	81.6	98.0	96.9	97.3	94

*Note: Percentages reflect responses of "strongly agree" or "agree" N's refer to number of completed surveys by each adult, not necessarily the N of adults*

A generalized linear model (GLM) approach was used to analyze the outcomes index scores. The child's initial concern (as identified by the parent), demographic characteristics of the parent, and TA consultant qualities were entered as predictors of parent outcomes. The overall model was significant ( $F(10, 59) = 7.14, p < .0001, R\text{-squared} = 0.548$ ). Main effects were found for parent race, behavioral concerns and the consultant involving the family in the consultation (all  $p < .05$ ). Continuing GLM analyses, significant interaction was found between parent's race and the child's having a behavioral concern ( $p = .0006$ ), where non-white parents whose child had a behavioral concern reported fewer positive outcomes, and for parent race and educational attainment ( $p = .012$ ), in which non-white parents without a college degree reported fewer positive outcomes from the consultation. Medicaid eligibility was included in the analysis as a proxy for socioeconomic status. While Medicaid eligibility was an independent predictor of parent outcomes ( $F(13, 55) = 3.97, p = 0.05$ ), its effect disappeared ( $p = .91$ ) when other factors in the model were controlled for, while the interaction between race and education remained robust. Figures 1 and 2 illustrate these significant interactions.

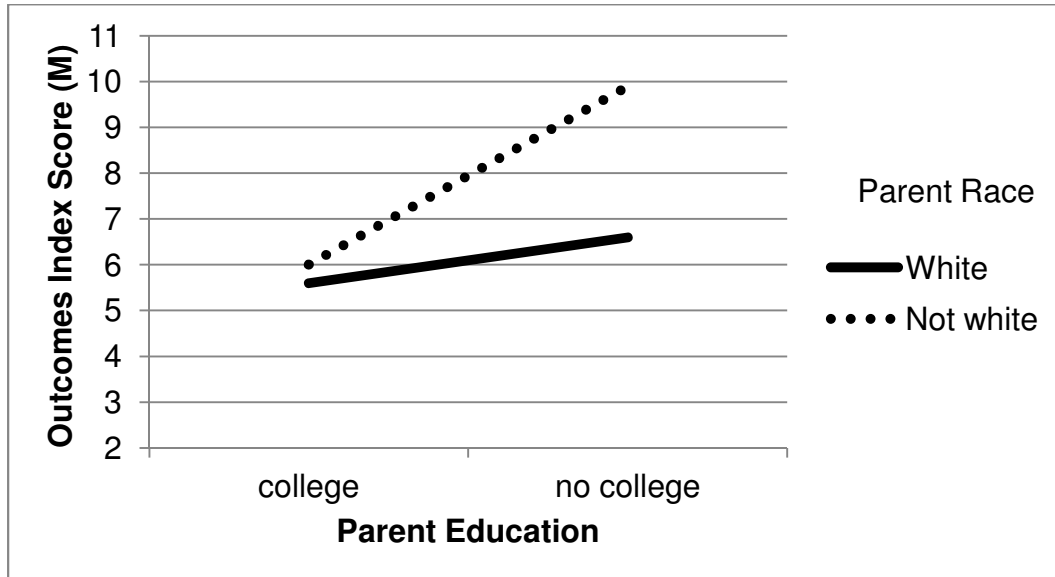
**Figure 1.** Parent Assessment of Outcomes by Parent Race and Child's Concern



Note:  $F(10, 59) = 13.34, p = 0.0006$ .



**Figure 2.** Illustration of Interaction Effect: Parent Outcomes Scores (M) by Parent Race and Education Level.



Note:  $F(10, 59) = 4.80, p = 0.012$ .

While parents overall tended to report that the consultation had been a success, with more than three quarters reporting that the consultation had been very or moderately successful (see Table 6), the regression model revealed that parents' ratings of the consultation's success were significantly related to the child's concern ( $F(4,83) = 2.65, p < .05$ ).

**Table 6.** Consultation Outcomes by Concern Leading to Consultation (Reported by Parent).

Concern Leading to Consultation	Measure of Parent Satisfaction		
	Consultation Successful (%)	Would recommend consultation (%)	Outcomes M (SD)
Environmental	71.4	71.4	10.4 (5.9)
Health/Medical	92.9	85.7	7.9 (4.7)
Developmental	77.4	87.5	7.3 (5.5)
Social/emotional/behavioral	76.1	79.6	8.8 (5.1)
Total	79.5	82.1	7.9 (4.7)

Notes: Responses for percentages reflect Agree/Strongly Agree. Higher index scores reflect less positive outcomes.

Parents of children with a health/medical concern or were most likely to rate the consultation as successful (more than 90%), followed in frequency by parents whose child had a developmental or social-emotional-behavioral or environmental concern. Parents whose children had social-emotional/behavioral concerns were less likely than others to recommend the consultation, to say the TA consultant had involved the family, or that the consultation had increased their confidence in the child care setting. Of the parents who reported that the consultation had been minimally or not successful (N=16), almost 70% (68.8%) were African American and tended to be slightly older than the mean. Of parents who felt the consultation had been unsuccessful more than three-quarters had children with either social-emotional-behavioral concerns or more than one concern that had led to the consultation. Less satisfied parents often did not know what the outcomes of the consultation were, especially with regard to how the consultation helped the teacher; more than one-third responded that they did not know the extent to which the consultation helped the teacher interact with young children, and that they did not know the extent to which the teacher used the information, suggestions, and/or equipment the consultant provided. These parents' open-ended comments revealed that they felt disconnected in that they did not know when the child was seeing the TA consultant, felt that they needed more frequent support, and needed more direct communication with the TA consultant. One parent said: "Afterwards I was not informed of the findings, I was not kept up to par with what was going on." Some parents had negative feedback about their experiences. Some of this feedback was related to particular consultants. One felt home visits were not helpful: "My sons in home visits are not useful. Consultant does not initiate anything with my son. She does not provide information or tools. She basically comes to play with him and socialize with me. Not useful."

In the area for open-ended comments, parents provided feedback on the consultation in their own words, and these comments shed light on their survey responses. Many parents expressed gratitude for the TA help they received. "...if it wasn't for the program, child would not be doing better... He is doing much, much better with all this help." One parent expressed his/her dismay that although his/her child's program was successful, it was being discontinued due to funding cuts. "Consultant's techniques really had an impact. The key was alignment with parents and teachers (consistent approach/consequences)." "I thought [TA consultant] was great! She really took her time with [my child] and got to know her. And called me and my husband to let us know everything. I really appreciated her!" Another parent noted that the consultant advocated for

his/her family: “My worker is great and she stands up and says what I'm nervous to say and she gets things done. She made sure my child was put into the right class and not held back.” Other parents noted that there were gaps in communication or that the teacher did not implement changes sufficiently. One parent noted: “It is my understanding that the consultant felt confident in our actions to resolve and address [my child's] challenges. I would have liked to see his assessment and findings as well as recommendations.” Another parent commented that he/she was happy with the work the consultant did, “but the teachers still were not confident with the knowledge.” Another parent said “I appreciate the help that was offered and it reassured me that she would be okay at school. I just need to learn how to deal with her at home.”

In their open-ended comments, TA consultants, teachers, and center directors revealed that these children tended to have more severe issues. In particular, the children exhibited severe behavior problems, including aggression, including biting and kicking, fire-starting, their homes had unclean and neglectful conditions, and parents had mental health problems. Other professionals discussed the child's potential diagnosis of autism, and extreme problems in social skills and with speech development. One TA consultant noted that there were not enough supports for the child and that parents were not cooperative and did not follow up.

TA consultant, teacher, and directors' open-ended responses provided context for and insight into the data we have reported here, and attest to the value of the TA services and the interactions that occur between the different adults involved with children with special needs' cases. TA consultants highlighted the importance of connecting the parent/family and center staff. TA consultants described follow-through by the other adults involved in the child's case. Among the comments related to the parent and child's home life: “The parent has been given information about other mental health services, but has not follow[ed] through,” and “There are home environmental issues that are impacting this child that are beyond the center's control. That has impacted the success, although the child has made much progress.” Additional qualitative feedback on the adults' experiences is displayed in Table 7.

**Table 7.** Professionals' Open-Ended Comments on Consultation.

Technical Assistant	Teacher	Center Director
<ul style="list-style-type: none"> <li>• The director who is no longer at the center, helped a great deal, supporting the family as we connected them with school services</li> <li>• The mother and the staff at the center have worked together to make this experience successful for this child.</li> </ul>	<ul style="list-style-type: none"> <li>• Suggestions very informative and helpful.</li> <li>• Consultant was very helpful to us in setting up strategies that would benefit our children. Very easy to talk to, and is very good with the children.</li> <li>• As a result of suggestions made at this consultation the child's emotional health has vastly improved, as well as his behavior.</li> <li>• The consultant was wonderful. If the parents were more involved and supportive of what the consultant and I were trying to get across to them about their child's development, we would have had great success.</li> <li>• Consultants were as helpful as parents were allowing them to be.</li> </ul>	<ul style="list-style-type: none"> <li>• We have used consultation since 1991 and find it irreplaceable and a wonderful support</li> <li>• The consultation for this child as well as others we've had at the center have been extremely beneficial and successful!</li> <li>• TA consultant is also a constant support to our families by always being able to be contacted consistently and by offering home visits to further help with routines. We are very grateful to have her here!</li> <li>• Staff and parents value support given by consultant- Recommend to other centers regularly</li> <li>• Consultant has been persistent in follow up with parent/caregiver. Supports family and center staff.</li> <li>• I feel that any lack of success child has had is due to parental involvement.</li> </ul>

Like the TA consultants', the teachers' feedback reflected their satisfaction with specific actions on the part of the consultant. Teachers also noted the importance of the parents' follow-up and involvement as crucial to the child's success. Directors echoed the feelings of TA consultants and teachers in highlighting the parents' involvement in the child's special need(s), and in keeping with directors' macro-level involvement with the school, directors provided a useful, wider view of the benefits of TA consultation services. Directors commented on the longer-term benefits they have seen and the "big picture" benefits of the consultation. Such "big picture" benefits, they said, meant that their staff would receive training that would help not only with individual children, but also with teacher's overall skill set, that this training would help the teacher provide better care for children, and ultimately help the center function better in the long term.

### **Discussion**

The purpose of the study was to bring together the perspectives of parents, TA consultants, teachers, and center directors on the technical assistance consultations of children with special needs. In bringing together these adults' perspectives, we sought to better understand the impact the program is having as well as areas of improvement for these different adults who work closely with children with special needs. These data indicate that the TA consultants themselves and the consultations in particular are perceived generally positively by parents, teachers, directors and early childhood settings they serve. The findings suggest here, that in general, among the survey respondents, the program is working toward improving the child care experience for children with special needs and their families through bolstering teachers' interactions with children with special needs. Data on parents', teachers', and center directors' revealed that they generally evaluated the consultation as a success and would recommend it to others. The adults' open-ended comments supported this finding, stating their appreciation for the services.

The fact that parents with children with social/emotional/behavioral issues were somewhat less likely to report success is consistent with past research that indicates the challenges faced by those working with this population (Floyd & Gallagher, 1997). Parents were somewhat less sure about how the TA consultant had helped teachers, and many parents also reported not knowing how the consultation had influenced their child's behavior and/or experience in the classroom. Most parents reported that the consultation helped increase their confidence in the ability of the childcare setting to meet their child's special need, agreed that the

consultant was knowledgeable about the child's special need(s) or type of support needed, tried to involve the family in helping the child, and followed up with the parent after the visit. Some parents were unaware of and/or uninvolved with their child's TA experience. Nearly one-third of parents reported that they didn't know whether the child's visits had concluded or how many they had. TA consultants, teachers, and directors at times expressed frustration with parents' lack of involvement with their child's technical assistance, with some stating that the success of the consultation was hampered by the parent's inability or unwillingness, to implement suggestions. Additionally, almost one quarter of parents did not know whether the consultation helped their child's classroom participation. Although this finding might be interpreted in terms of the fact that parents are not in the classroom with the teacher and child on a daily basis, it also potentially highlights communication issues between the center and the parents, and the possibility that parents might feel alienated from their child's school experiences, a finding supported by previous research (Trotman, 2001). The item asking about the extent to which the TA helped the teacher interact with children in general asks another question about which the parent might reasonably be ignorant. A parent's lack of knowledge would not necessarily indicate lack of effectiveness on the part of the teacher or TA.

All adults responded to the question asking whether the TA had improved the child's attendance at the center with the lowest ratings; TA was unrelated to the child's attendance. The open-ended responses provided some explanation for this: parents referred to services and programs being discontinued, vouchers being lost, and other financial issues. Other children stopped attending because of structural issues: their parents lost their jobs and could no longer afford childcare, their families moved, or other reasons that had little to do with receiving the TA. The importance of structural factors to child care stability has been supported in previous research (Adams & Rohacek, 2010; Ngui & Flores, 2006), including the negative impacts of decreases in family income (Rous & Hallam, 2006). Such factors may in many cases serve as impediments to children receiving the services that would help them not only thrive in their child care setting, but also ease the child care burden on their parents, allowing them to more fully participate in the labor force (NICHD Early Child Care Research Network, 2005).

### **Strengths**

Rather than focusing on only one adult's experiences, the data presented here bring the perspectives of several adults involved in children's care

together to better understand the impact of TA consultation. Parents, teachers, center directors, and the TA consultants themselves consistently commented on the value of the program via their responses on the quantitative and qualitative sections of the surveys they completed.

Children with social-emotional-behavioral issues and/or more than one concern clearly present a challenge for their child care providers and parents. Parents of children with these issues were somewhat less likely to report that the consultation was successful. This has also been true in previous evaluations (see Simpson, Fischer, Quinn-Leering, Withers, Bryant, & Coulton, 2001). The extent to which innovative approaches and/or more intensive services can and/or should be explored for this specific group of children is an area ripe for future intervention. The parent, teacher, TA consultant, and center director experiences with caring for these children provides insights on what approaches will be most effective and how to implement such approaches; the research demonstrating such approaches provides specific potential pathways. In particular, a recent meta-analysis of over 200 schools using the school-based universal social emotional learning (SEL) program interventions with kindergarten and elementary aged children is just one of several promising models for addressing children's challenging behaviors (see Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011); others include Positive Behavior Support (PBS; Fixen, Naoom, Blasé, Friedman, & Wallace, 2005) and the Pyramid Model (Fox, Dunlap, Hemmeter, Joseph, & Strain, 2003).

Throughout this study, some parents' responses indicated that they have little knowledge of their child's consultation experience. When asked what the main reason was for the consultation, one parent responded that he/she didn't know a consultation had occurred. As much as a third of parents reported that they did not know how many TA visits their child received, and almost half did not know whether the consultation had concluded. Some of the parents who were unaware or unclear about their child's experience contacted the research team directly. One parent called to protest their child's label as "special needs" (i.e., the child had a food allergy) and others contacted the researchers to ask how the team had gotten their information, stating that their child had not participated in consultation services or saying they had no knowledge of such participation.

Other parent responses reflected not a lack of knowledge of the TA consultation but a lack of knowledge about the benefit of the consultation, especially with regard to whether the teacher had implemented suggestions. While it might be reasonable to conclude that a parent would

not be expected to be knowledgeable about training the teacher received, such a finding could suggest a gap in communication, especially given that the training revolved around the child. Some responses indicated that parents were not aware of the extent to which the consultations had benefited the teacher in dealing with class and child-specific issues. One parent responded to the open-ended section of the survey this way: “I was not informed of the findings, I was not kept up to par with what was going on.” Such responses suggest that more or more nuanced communication might be beneficial to inform parents of the consultation, including the terminology used (i.e., “special needs”), as well as the implications and benefits of the consultation—for their child, them, and the teacher/classroom milieu. Finally, it is essential that parents be kept informed with regard to the services their child is or has been receiving and his/her progress.

To increase and improve communication between and among the adults involved in each child’s case, a systematic method for not only informing parents of the benefits they receive from the consultations, but also including them as equal, collaborative partners (Ngui & Flores, 2006; Pianta & Kraft-Sayre, 2003; Rous & Hallam, 2006) would be helpful. The extent to which all adults are on the “same page” with regard to the child’s consultation, but especially parents, is likely to have an impact on the overall perception of the consultation as a positive, even invaluable experience. Recent research supports our findings that a partnership between the family of the child with special needs and the professionals involved in the child’s care is critical (Brotherson, Summers, Naig, Kyzar, Friend, Epley, Gotto, & Turnbull, 2010). Such a partnership is best when it is truly collaborative in nature, with explicit goals, stable, and focused on family strengths (Pianta & Kraft-Sayre, 2003).

Our finding that parent race affected parent satisfaction is supported by previous work. Ngui & Flores (2006) found that Black and Hispanic families were significantly more likely to report dissatisfaction and problems with the ease of service use, in dealing with the health care needs of their children, but that focus on improving the ease of service access and forming collaborative, family-centered relationships improved families’ feelings about services. In general, some work has found that the most vulnerable families--minority, low-income and uninsured have increased caregiver burden and financial burdens (Ghandour, Hirai, Blumberg, Strickland, & Kogan, 2014; McManus, Carle, Acevedo-Garcia, Ganz, Hauserl, & McCormick, 2011). Strategies to decrease that burden increase bolstered services and efforts to encourage parental involvement that are “aggressive” (Brandon & Brown, 2009; Trotman, 2001, p. 282),



that school administrators, teachers, and parents themselves all have a responsibility to ensure that parents are intimately involved in the child's experiences, and feel empowered (Trotman, 2001). Some research has found that parent satisfaction with service professionals involved with their children tends to decline as their child grows older (Summers, Hoffman, Marquis, Turnbull, & Poston 2005), suggesting that addressing parental involvement early and aggressively might be especially important to ensuring that successes in early intervention are maintained over time. Other work, addressing the preschool-kindergarten transition recommends that families must be taught to advocate for their child (Goldson et al., 2006), and be proactive about establishing effective partnerships with their child's school (Pianta & Kraft-Sayre, 2003).

### **Improving Services**

To address the communication issues identified here, the central TA agency has developed new forms and protocols to ensure that parents, teachers, TA consultants, and center directors are not only more connected, but also share an understanding of what the TA consultant did as well as recommendations that would follow. The quality of consultant TA visits will be assessed, asking center directors whether their knowledge of the special need and resources increased as a result of the visit, and whether they would they use TA again. Face-to-face quality assurance visits with the teacher and/or center administrator a quarterly basis will gauge their feelings about the TA on behalf of specific children at their center, conducted using a random selection of technical assistance visits and technical assistance consultants in the central TA agency database. While these efforts are laudable, there remains a need to include parents as central points of contact and partnership, so that no parent feels uninformed about his/her child's needs and service utilization or disconnected from the services he or she is receiving. Such inclusion would invite a multi-way dialogue and assume parents are equal partners in their child's care.

### **Questions that Remain Unanswered**

A critical and as yet unanswered question is why African American parents are less satisfied overall. What is it about the experiences of less educated African American parents in our sample that makes them less likely to report positive outcomes, and how can these issues be addressed? Past research has suggested factors that relate to African American parents' negative personal educational experiences, characteristics of the child's teacher, the school, and the school system

including institutional racism, all play important roles (Brandon & Brown, 2009; Trotman, 2001; Zionts, Zionts, Harrison & Bellinger, 2003). The over-representation of African American children in the special education system has also been noted as a significant concern related to parents' mistrust of the system (Brandon & Brown, 2009). Research has also found that parent socioeconomic status is an important consideration, and significantly, related to teacher bias (Trotman, 2001).

Strategies such as instituting a "pre-referral" process in which families are consulted before the referral is made, as some programs have done, might be effective in engaging parents' participation in the process, as well as increasing their trust in the special needs consultation experience. Assessing the relationship between the parents and professionals is an important avenue to explore, and critical if interventions are designed to improve those relationships with the goal of increasing the likelihood of the child's success. Tools such as the Family-Professional Partnerships Scale (Summers, Hoffman, Marquis, Turnbull, Poston & Nelson, 2005) have the potential to inform technical assistance efforts and identify specific areas for improvement.

Future research might also seek to explore more deeply the extent to which policies—in particular local program cuts and service elimination—has directly influenced families' experiences with TA. Few families reported that their children were involved in specialized services, but it is unclear as to why that is true; were families eligible for the services, were the services still available, and/or were the services adequate and accessible? The open-ended responses provided a few clues, indicating that at least one program had been eliminated.

Much research has focused on parents' experiences with special needs child care and the extent to which it has had an impact on the parents themselves. In particular, obtaining special needs childcare can have an impact on parents' employment experiences (Scott, 2010). Also, past research has indicated that both low-income families and single parents have unique circumstances that have a profound impact on their experiences with their child with special needs (Ward, Atkins, Herrick, & Morris, 2004). Future studies might engage an in-depth qualitative component to explore particular families' experiences and better understand parent's experiences both with the program and the impact the program(s) have had on their and their children's lives. The addition of interview data could flesh out the findings for less satisfied parents as well.

## **Limitations**

An important limitation of the current study is the low rate of response to the survey. The response rate reflects the experiences of only a little over one-third of the parents who were contacted, and thus generalizations can neither be drawn about the experiences of families in the countywide program nor technical assistance services in general. However, they can provide some useful clues regarding families' experiences that can help guide future efforts to best serve children with special needs in their child care environments.

Other limitations of the study lie with some of the survey items. Several items asked questions that combined more than one question in one, making it difficult to interpret the results of the subsequent analysis. Among these items included "The consultant was knowledgeable about the child's special need(s) or type of support needed." This item asks about two different pieces of information—knowledge of the child's special need, and knowledge of the type of support that is needed to support the child and/or teacher and/or center staff. Two other items addressed what the consultant did, combining the TA's providing suggestions and/or materials, two very different functions. Two more items combined providing and demonstrating routines and equipment, where it might be useful to examine the need for equipment vs. the need for training on how to use the equipment. Future examination of similar questions should take care to separate unique questions to better understand the activities the consultant performed. Finally, there is a limitation regarding the use of the environmental risk category on the survey. While the survey item asked about which issues were leading to the consultation, "classroom management" and "prevention" were used as examples of environmental risk. However, from the TA agency's perspective, environmental risk includes issues such as lead exposure and exposure to violence, social or economic factors which may limit development, such as teen parent, parent psychiatric disability, substance abuse by a caregiver, child abuse and neglect, economic disadvantage, single parent, and having an incarcerated parent. The survey, however, did not list this larger number of items, and thus, the reporting of the "environmental risk" category may have been misunderstood. While the survey reported that 14% of the sample of children experienced environmental risk, the administrative data indicated that proportion was only 2%. Future work would benefit by being more precise and specific with regard to the definition of all issues of concern, but particularly the environmental risk category.

## **Implications**

The findings reported here suggest that the success of the consultation is hampered, in part, by several factors. Two of these include lack of parental involvement and teachers' not implementing recommendation offered by the consultant. The fact that parents were sometimes unaware of and/or uninvolved with their child's consultation is perhaps the issue of most concern. It was clear from open-ended responses that parents' lack of clarity about their child's consultation was disheartening and that parents' lack of involvement in implementing the TA consultants' suggestions were important factors affecting the success of the consultation. Consultations will be most likely to succeed when the TA consultant, teacher, and parent are all informed, aware, and on the same page about how to best help the child both at home and in the early child care setting. Research has demonstrated that parents, often stressed and focused on particular domains of their child's care, for instance, their medical care (if applicable), and ensuring their educational success might not realize the importance of the integration of services and/or the importance of social services (Pabian et al., 2008).

The agency with which these researchers worked on this study moved quickly to tackle some of the issues this and past research studies have raised. Efforts are currently being made to inform parents on their child's TA consultation on a regular basis, including sending home information on the TA visit, its purpose, observations made, strategies and recommendations. This effort to keep parents informed of and involved with the special needs consultation their child receives will help empower parents to follow-up with the child care center and/or consultant, becoming an active player in their child's care. The agency has also moved to ensure continuity of care once the child leaves the child care center. To aid children in transitioning from preschool to kindergarten, a tool will be used to document parents' and teachers' perspectives on the child's situation, and will give recommendations for supporting the child in kindergarten. Such a tool will ensure that different professionals are collaborating, engaged with, and attending to the (special) needs of the child (Janus, Kopechanski, Cameron, and Hughes, 2008).

### **Following up on Implementation of TA Consultant Suggestions**

The teacher is the adult who, besides the parents or other caregivers, has the most frequent contact with the child and opportunity to observe the child. With sufficient training, the teacher has many opportunities to help ensure the child's success (DeHaas-Warner & Pearman, 1996). Past research has emphasized the importance of following up on TA recommendations made for children, both to ensure the optimal

functioning of the child as well as to ensure resources are used effectively (Pabian et al., 2000). Past evaluations carried out by this research team have also indicated that teachers' failing to carry out TA consultant suggestions was a barrier to ensuring children with special needs' success, so teacher follow-through remains an important area of emphasis at the center level. One issue related to ensuring that teachers continue to implement TA consultant suggestions is teacher turnover. When a TA consultant works extensively with one teacher, giving him or her suggestions for working with a particular child or type of child, and that teacher leaves the center, the teacher's knowledge and training leaves as well and the new teacher might not have that knowledge (Helburn & Howes, 1996). Ideally, the center director or another key staff person could be trained along with the teacher so that if the teacher leaves, someone else at the center continues to have the knowledge of how to serve that child or similar children, increasing the possibility that children with special needs are optimally served by the child care system.

### **Conclusions**

This study examined the perspectives of parents whose children had childcare center-based TA consultation experiences, TA consultants who delivered the services, the children's teachers and center directors. The data presented here indicate that the TA consultation services are highly valued by parents, teachers, and center directors. Parents' commented positively on the program, with most rating the consultations as successful, would recommend them to others, and through open-ended comments, emphasized how important the TA services had been to helping them feel confident in the care their children with special needs were getting. Obtaining special needs child care is challenging for parents, and the program has served a valuable role in helping parents to not only obtain child care that is appropriate for their children, but also for maximizing the quality of that care by training teachers to deal with their child's specific needs.

The study demonstrated the value of the TA consultation program for all parties, as well as areas for improvement, including improving parental involvement in the consultations. Special focus on improving the experiences of African American parents, especially those without a college education and/or whose children have behavioral concerns could prove to enhance their experiences substantially and improve the outcomes for their children. While the study's response rate and small number of complete cases impeded our being able to fully examine the perspectives of all adults involved in children's care, it nonetheless shed

light on how the program has been working and what aspects need to be improved. Ultimately, the extent to which we are able to understand each family's experience with TA, including what is working for them as well as what we needs to be addressed, will help every adult involved in children with special needs' cases to do whatever possible to ensure each child's needs are met and enable them to thrive in their child care situation.

### Appendix: Child Care Consultation Survey

Please answer each question below to the best of your knowledge. Your responses are completely confidential—your individual answers will not be shared outside the research team.

1. Who first requested consultation in support of this child? (CHECK ONE)  Child's teacher  Center administrator  Child's Parent  Other \_\_\_\_\_  
 Don't know
2. What were the concerns that led to consultation being requested for this child? (CHECK ALL THAT APPLY)  
 Environmental risk (e.g., prevention, classroom management, etc.)  
 Health/medical concern (e.g., asthma, seizures, diabetes, allergies, tube feeding, etc.)  
 Developmental concern (e.g., communications, cognitive, autism, motor skills, speech/language delay, etc)  
 Social-emotional-behavioral issues (e.g., depression, anxiety, aggression, withdrawal, noncompliance, biting, etc.)
3. Is there a mental health diagnosis for this child?  
 No  
 Yes – (PLEASE SPECIFY) \_\_\_\_\_  
 Don't know
4. From your perspective, what was the main reason for the consultation request? (PLEASE DESCRIBE) \_\_\_\_\_
5. To your knowledge, what did the consultant do in the early childhood setting? (CHECK ALL THAT APPLY)  
 Not Sure  
 Observed child in the early childhood setting  
 Observed child in a special needs treatment setting (e.g., OT, PT)  
 Provided suggestions and/or materials directly related to child  
 Provided suggestions and/or materials related to working with children in general

- Provided/demonstrated how to use or adapt routines/activities/games/toys for child
- Provided/demonstrated how to use or adapt equipment (e.g., nebulizer) for child
- Modeled strategy/strategies for working with child (i.e., showed teacher how to do something)
- Observed teacher and provided feedback
- Other (PLEASE SPECIFY) \_\_\_\_\_

6. Does the child receive any of the specialized services?  No  Not sure  
 Yes IF YES, CHECK ALL SERVICES THAT APPLY BELOW:  
 IEP  Speech/Language Services  IFSP  OT/PT  Counseling  Help Me Grow  MR/DD Services

7. Is child's child care provider currently involved in child's Early Intervention (EI) services (e.g., Help Me Grow, Board of MR/DD; speech, physical, or occupational therapy)?  
 N/A (Child not receiving EI services or EI services not taking place during child care)  
 Child care provider is not involved  
 Child care provider is somewhat involved  
 Child care provider is very involved  
 Unknown

8. How many consultation visits have been delivered related to this child since the request for service?  
 One  Two  Three  Four to six  Seven or more  Unknown

9. Is the service completed for this child?  Yes  No  Unknown

10. How true is each statement below about the consultation delivered for this child?

	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>	<i>Don't Know</i>	<i>N/A</i>	
a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The consultant was knowledgeable about the child's special need(s) or type of support needed.
b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The consultant sufficiently followed-up

with the parent after the visit.

c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The consultant tried to involve the family in helping the child.
d	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The consultation led to the child having better attendance at the center.
e	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The consultation increased the confidence of parent in the setting's ability to handle child's special needs.
f	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The consultation helped the teacher's ability to interact well with young children.
g	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The consultation helped the teacher's ability to handle discipline problems effectively.
h	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The consultation helped the teacher's ability to manage this child's needs.
i	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The teacher used the information, suggestions and/or equipment the consultant provided.
j	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The consultation helped the child participate more in classroom activities.
k	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	You would recommend



consultation to others  
who work with children.

11. Overall, in your opinion, how successful was (or has been) the consultation for this child?

Very successful    Moderately successful    Minimally successful    Not successful

12. Approximately how many hours per week is this child in care outside of the home? \_\_\_\_\_

**RESPONDENT INFORMATION**

13. Your gender:    Male    Female

14. Your age: \_\_\_\_\_

15. Your race:    African American/Black    Hispanic    White, Non-Hispanic  
 Other (PLEASE SPECIFY) \_\_\_\_\_

16. What is the highest level of education you have completed?

- Less than high school
- High school/GED
- Some college/post-secondary training--PLEASE SPECIFY DEGREE AREA:
  - Bachelors degree
  - Masters degree or more

17. What is your current position?

- Child's parent/guardian    Family Child Care Home Provider
- TA Consultant    Other \_\_\_\_\_ (PLEASE SPECIFY)
- Center Director/Assistant Director/Site Administrator
- Lead Teacher/Assistant Teacher

18. Are you currently working and/or in school? (CHECK ALL THAT APPLY)

- Working full-time    In school full-time
- Working part-time    In school part-time
- Not working or in school

19. How long have you worked in your professional field (if applicable)?

\_\_\_\_\_  Not applicable

20. Is there anything else you would like us to know?

\_\_\_\_\_  
\_\_\_\_\_

21. Are there any specific comments on the consultation that you would like to share?

\_\_\_\_\_  
\_\_\_\_\_

**PARENTS ONLY**

**22. We will be contacting you in three months by phone to ask you once more about your thoughts about the services. Please provide a primary and secondary (back-up) phone number below where we will be able to reach you.**

**PRIMARY NUMBER (PLEASE INCLUDE AREA CODE)**

**This number is a:**  cell phone  work  home  friend or family member

**BACKUP NUMBER (PLEASE INCLUDE AREA CODE)**

**This number is a:**  cell phone  work  home  friend or family member

## References

- Adams, G. & Rohacek, M. (2010). *Child care instability: Definitions, context, and policy implications*. Washington, DC: Urban Institute.
- Booth, C. L., & Kelly, J. F. (1998). Child-care characteristics of infants with and without special needs: Comparisons and concerns. *Early Childhood Research Quarterly, 13*, 603-621. doi:10.1016/S0885-2006(99)80063-5
- Booth, C.L., & Kelly, J.F. (1999). Child care and employment in relation to infants' disabilities and risk factors. *American Journal on Mental Retardation, 104*, 117-130.
- Brandon, R. R. & Brown, M. R. (2009). African American families in the special education process: Increasing their level of involvement. *Intervention in School and Clinic, 45* (2), 85-90. doi:10.1177/1053451209340218
- Brotherson, M. J., Summers, J. A., Naig, L. A., Kyzar, K., Friend, A., Epley, P., Gotto, G. S., & Turnbull, A. P. (2010). Partnership patterns: Addressing emotional needs in early intervention. *Topics in Early Childhood Special Education, 30*(1), 32-45. doi:10.1177/0271121409360068
- Ceglowski, D.A., Logue, M.E., Gibert, J. & Ulrich, A. (2009). Parents perceptions of child care for young children with disabilities. *Early Childhood Journal, 36*(6), 407-504.
- Coulton, C. (2005). Improving special needs child care by supporting providers and families. Cuyahoga County Early Childhood Initiative Evaluation: Phase II Final Report. Cleveland, OH: Mandel School of Applied Social Sciences, Case Western Reserve University.
- DeHaas-Warner, S. J., & Pearman, E. L. (1996). Promoting quality services for preschoolers with special needs in community-based programs: *Child & Youth Care Forum, 25*(3), 155-163. doi:10.1007/BF02589307
- Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development, 82*(1), 405-432. doi:10.1111/j.1467-8624.2010.01564.x
- Fiks, A. G., Mayne, S. Localio, A. R., Alessandrini, E. A. & Guevara, J. P. (2012). Shared decision-making and health care expenditures among children with special health care needs. *Pediatrics 129*(1), 99 -107. doi: 10.1542/peds.2011-1352
- Fixsen, D. L., Naoom, S. F., Blasé, K. A., Friedman, R. M., & Wallace, F. (2005). Implementation research: A synthesis of the literature

- (Louis de la Parte Florida Mental Health Institute Publication No. 231). Tampa: University of South Florida, Louis de la Parte Florida Mental Health Institute. National Implementation Research Network.
- Floyd, F. J., & Gallagher, E. M. (1997). Parental stress, care demands, and use of support services for school-age children with disabilities and behavior problems. *Family Relations*, *46*, 359-371. doi:10.2307/585096
- Fox, L., Dunlap, G., Hemmeter, M. L., Joseph, G. E., & Strain, P. S. (2003). The Teaching Pyramid: A model for supporting social competence and preventing challenging behavior in young children. *Young Children*, *58*(4), 48-52.
- Ghandour, R. M., Hirai, A. H., Blumberg, S. J., Strickland, B. B., & Kogan, M. D. (2014). Financial and nonfinancial burden among families of CSHCN: Changes between 2001 and 2009–2010. *Academic Pediatrics*, *14*(1), 92-100. doi:10.1016/j.acap.2013.10.001
- Goldson, E., Louch, G., Washington, K., & Scheu, H. (2006). Guidelines for the care of the child with special health care needs. *Advances in Pediatrics*, *53*(1), 165-182. doi:10.1016/j.yapd.2006.04.012
- Helburn, S. W., & Howes, C. (1996). Child care cost and quality. *The Future of Children: Financing Child Care*, *6*(2), 62-82. doi:10.2307/1602419
- Howes, C., Whitebook, M. & Phillips, D. (1992). Teacher characteristics and effective teaching in child care: Findings from the National Child Care Staffing Study. *Child and Youth Care Forum*, *21*(6), 399-414. doi:10.1007/BF00757371
- Janus, M., Kopechanski, L., Cameron, R. & Hughes, D. (2008). In transition: Experiences of parents of children with special needs at school entry. *Early Childhood Education Journal*, *35*(5), 479-485. doi:10.1007/s10643-007-0217-0
- Johnson C. P., Kastner T. A. (2005). Helping families raise children with special health care needs at home. *Pediatrics*, *115*(2), 507-511. doi:10.1542/peds.2004-2520
- Kertoy, M. K., Russell, D. J., Rosenbaum, P., Jaffer, S., Law, M., McCauley, D., et al. (2013). Development of an outcome measurement system for service planning for children and youth with special needs. *Child: Care, Health and Development*, *39*(5), 750-759. doi:10.1111/j.1365-2214.2012.01409.x
- Levins, T., Bornholt, L. J., & Lennon, B. (2005). Teachers' experience, attitudes and feelings and behavioural intentions by teachers

- towards children with special educational needs. *Social Psychology of Education*, *8*(3), 329-343. DOI: 10.1007/s11218-005-3020-z
- McManus, B. M., Carle, A., Acevedo-Garcia, D., Ganz, M., Hauser-Cram, P., & McCormick, M. (2011). Modeling the social determinants of caregiver burden among families of children with developmental disabilities. *American Journal on Intellectual and Developmental Disabilities*, *116*(3), 246-260. doi:10.1352/1944-7558-116.3.246
- Ngui, E. M., & Flores, G. (2006). Satisfaction with care and ease of using health care services among parents of children with special health care needs: The roles of race/ethnicity, insurance, language, and adequacy of family-centered care. *Pediatrics*, *117*(4), 1184-1196. doi:10.1542/peds.2005-1088
- NICHD Early Child Care Research Network. (2005). *Child care and child development: Results from the NICHD study of early child care and youth development*. New York, NY: Guilford Press.
- Pabian, W. E., Thyer, B. A., Straka, E. & Boyle, D. P. (2000). Do the families of children with developmental disability obtain recommended services? A follow-up study. *Journal of Human Behavior in the Social Environment*, *3*(1), 45-58. doi:10.1300/J137v03n01\_03
- Pianta, R. C., & Kraft-Sayre, M. (2003). *Successful kindergarten transition: Your guide to connecting children, families, & schools*. Baltimore, MD: Paul H. Brookes Publishing Co.
- Rosenzweig, J. M. Brennan, E. M., Huffstutter, K. J., & Bradley, J. R. (2008). Child care and employed parents of children with emotional or behavioral disorders. *Journal of Emotional and Behavioral Disorders*, *16*(2), 78-89. doi:10.1177/1063426607312538
- Rous, B. S., & Hallam, R. A. (2006). *Tools for transition in early childhood: A step-by-step guide for agencies, teachers, and families*. Baltimore, MD: Paul H. Brookes Publishing Co.
- Scott, E. K. (2010). "I feel as if I am the one who is disabled": The emotional impact of changed employment trajectories of mothers caring for children with disabilities. *Gender & Society* *24*(5), 672-696. doi:10.1177/0891243210382531
- Simpson, J., Fischer, R. Quinn-Leering, K., Withers, J., Bryant, D. and Coulton, C. (2001). Special Needs Child Care. Chapter 6. In Cuyahoga County Early Childhood Initiative Evaluation: Interim Report. Cleveland, OH: Mandel School of Applied Social Sciences, Case Western Reserve University. Retrieved from <http://digitalcase.case.edu:9000/fedora/get/ksl:2006052566/ECI-CH6-2001.pdf>

- Summers, J. A., Hoffman, L., Marquis, J., Turnbull, A., Poston, D. (2005). Relationship between parent satisfaction regarding partnerships with professionals and age of child. *Topics in Early Childhood Special Education, 25*(1), 48-58. doi:10.1177/02711214050250010501
- Summers, J. A., Hoffman, L., Marquis, J., Turnbull, A., Poston, D., & Nelson, L. L. (2005). Measuring the quality of family-professional partnerships in special education services. *Exceptional Children, 72*(1), 65-81. doi:10.1177/001440290507200104
- Trotman, M. F. (2001). Involving the African American parent: Recommendations to increase the level of parent involvement within African American families *The Journal of Negro Education, 70*(4), 275-285. doi:10.2307/3211280
- Turner, J. L. (1998). Children with chronic illness. *Medical Update for Psychiatrists, 3*(2) 45-48. doi:10.1016/S1082-7579(97)00096-4
- Ward, H., Atkins, J., Herrick, A., & Morris, P. (2004). Child care and children with special needs: Challenges for low income families: Parents' voices. Portland, ME: University of Southern Maine, Edmund S. Muskie School of Public Service, Institute for Child and Family Policy.
- Zionts, L. T., Zionts, P., Harrison, S., & Bellinger, O. (2003). Urban African American families' perceptions of cultural sensitivity within the special education system. *Focus on Autism and Other Developmental Disabilities, 18*(1), 41-50. doi:10.1177/108835760301800106