CENTER ON URBAN POVERTY —— AND —— COMMUNITY DEVELOPMENT

INVEST IN CHILDREN SPECIAL NEEDS CHILD CARE CONSULTATION STUDY: FINAL REPORT

April 2011

Prepared by:
Cyleste Collins, Paige Hardy, Nina Lalich & Rob Fischer

Center on Urban Poverty and Community Development
Mandel School of Applied Social Sciences
Case Western Reserve University

Contact Information:

Center on Urban Poverty and Community Development
Case Western Reserve University
10900 Euclid Avenue
Cleveland, Ohio 44106-7164
Phone: 216/368-3424 Fax: 216/368-5158
povcenter@case.edu http://povertycenter.case.edu

Executive Summary

Special Needs Child Care consultation has been a core service strategy of the Cuyahoga County Invest in Children program since 2000. In an effort to assess the experiences of those involved in technical assistance, a study was conducted involving parents, technical assistance (TA) consultants, teachers, and child care center director. The study examined their perspectives pertaining to selected children's experiences with TA services commencing during the 9-month period, January to September 2009. Findings include:

- Concerns most frequently leading to the consultation were social-emotional-behavioral (50.5%), developmental (32.3%), medical (28.3%), and environmental (14%), with 25% of parents reporting that their child had more than one of these concerns.
- More than 80% of parents reported that the consultation had been successful, said that they would recommend the consultation to others, and agreed that the consultant was knowledgeable about their child's needs and the types of support their child needed.
- Parent feelings about the consultation's success were related to the concern that led to the consultation; parents of children who had social, emotional, or behavioral issues or had multiple concerns leading to the consultation were somewhat less likely to report that the consultation was successful.
- Parents reported that the consultation helped increase their confidence in the ability of the childcare setting to meet their child's special need, but 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.
- Approximately three-quarters of parents agreed that the consultant was knowledgeable about the child's special need(s) or type of support needed at both baseline and follow-up, tried to involve the family, and followed up with the parent after the visit.
- More than two-thirds of parents at follow-up agreed that the teacher used the information, suggestions and/or equipment the consultant provided, and that the consultation helped the child participate more in classroom activities.
- Some parents were unaware of and/or uninvolved with their child's TA experience. More than one-third of parents reported that they did not know how many TA visits were conducted, and almost half did not know whether the child's consultation had concluded. At follow-up, more than 20% of parents did not know how many TA had been completed.
- Teachers and center directors were generally pleased with and appreciated the TA services. Many mentioned their TA consultant by name and praised his/her rapport with the children.
- TA consultants, teachers, and directors expressed some frustration with parents' lack of involvement with their child's TA, with some stating that the success of the consultation was hampered by the parent's inability or unwillingness to implement suggestions. Some TA consultants mentioned that some parents were unavailable/unable to be reached.

Introduction/Program Description

Since its inception in 1999, Invest in Children evaluation efforts have examined various aspects of the Special Needs Child Care (SNCC) component. Previous evaluation work examined the perspectives of parents, teachers, and center directors at different times and connected these perspectives to different children's experiences. The intent of this study was to bring together these three perspectives along with the 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 SNCC.

Literature Review

Recent work has focused on examining the economics of investing in early childhood education. Research has indicated that the initial financial investments in childhood education provide long-term benefits that far outweigh the initial costs. These benefits are thought to be even greater for parents of children with special needs.

The need for specialized training for teachers is well documented. Specialized training has been shown to be important to effective teaching for infant and toddler teachers, whether they have special needs or not (Howes, Whitebook & Phillips, 1992). Specialized training is even more critical for teachers who have children with special needs in their classrooms. In addition to training individual teachers, children with special needs are best served when the professionals involved in their care communicate with one another and coordinate care (Ceglowski, Logue, Gibert & Ulrich, 2009; Turner, 1998), and the care is consistent and of high quality (DeHaas-Warner, & Pearman, 1996).

Research has found that having a special needs child is extremely stressful for parents (Turner, 1998), and that parents of children with special needs face several difficulties compared to parents of children without special needs. Parents of special needs children 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). These difficulties have been found to result in the parents of special needs children delaying or decreasing their participation in the work force (Booth & Kelly, 1998; Booth & Kelly, 1999; Scott, 2010). Additionally, parents often must balance the demands of their own employment with taking care of their child, making sure the child is seen by sometimes multiple professionals, depending on the type(s) of special need(s) (Booth & Kelly, 1999; Scott, 2010; Turner, 1998).

The SNCC was developed in part to help break down barriers to services identified in the literature. 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). Attempts to address these barriers have been focused around a "no wrong door" policy, in which there are multiple ways for a child to receive services, making accessing and navigating the system easier on families. Pediatricians are one method of referral to supportive services; researchers have argued that community services that are integrated, accessible and of high quality for addressing children's

special needs are crucial to supporting these families (Helburn & Howes, 1996; Johnson & Kastner, 2005).

Findings from Previous Evaluations

Findings from previous evaluations have indicated that parents have been overall very satisfied with the services they received. The evaluations have made it clear that adults involved in the child's care are key to a "successful" outcome. 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, center directors, and the teachers and directors actually implement such changes. TA consultants who kept in contact with teachers, center directors, and parents, and check in to assess the success of the consultation were also considered a key to the child's success.

Evaluation Questions

The current evaluation focused on two core questions: (1) What amount, frequency, type, and provider of technical assistant (TA) visits are effective for children with different conditions/ number of disabilities? (2) What factors (diagnosed/undiagnosed, served preventively, number of TA sessions, etc.) support children remaining in a stable care arrangement and actively participating with their peers for more than six months?

Method

Study Sample

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. Data from seven agencies were used to identify eligible cases: Achievement Centers for Children, Applewood Centers, Beech Brook, Berea Children's Home, the Cuyahoga County Board of Health, Hanna Perkins Center, and Positive Education Program. A total of 504 children had their first TA visit in the study time period (January-September 2009). Children were included in the potential sample for this study if they were in center-based care (as opposed to parent and home provider care (n=101), their data were incomplete and/or not entered into the database at the time the surveys were sent out, and/or there was no information on the child care center where the child was placed, and/or the individual receiving the TA visit on behalf of the child was not a center member. A total of 276 parents were contacted to request

study participation. (See the Appendix Tables 2.2, 2.4, and 2.5 for more information on new cases by month, as well as Starting Point data compared with the survey sample data, and data on study non-respondents, respondents, and those who asked not to be contacted.)

Study Enrollment. Table 1 displays the estimated enrollment goal by agency, the actual enrollment, and related percentages. All eligible cases for which the parent had not declined participation in the evaluation were identified and parents were contacted to request their participation in the study. While four of the seven TA agencies had fewer than expected enrollment numbers, three agencies (Hanna Perkins Center, Cuyahoga Board of Health, and Positive Education Program) had higher than expected enrollment in the study. In general, however, the estimated numbers of potential enrollees was somewhat higher than the actual numbers, particularly for Beech Brook, Cuyahoga County Board of Health, Hanna Perkins Center, and Positive Education Program. Examining the extent to which the actual sample was representative of the sample population (i.e., all parents who were contacted), we can see that the actual sample is a good representation of the population for Applewood and Hanna Perkins Center, the sample over-represents cases from Cuyahoga Board of Health and Positive Education Program, while it under-represents cases from Achievement Centers, Beech Brook, and Berea Children's Home.

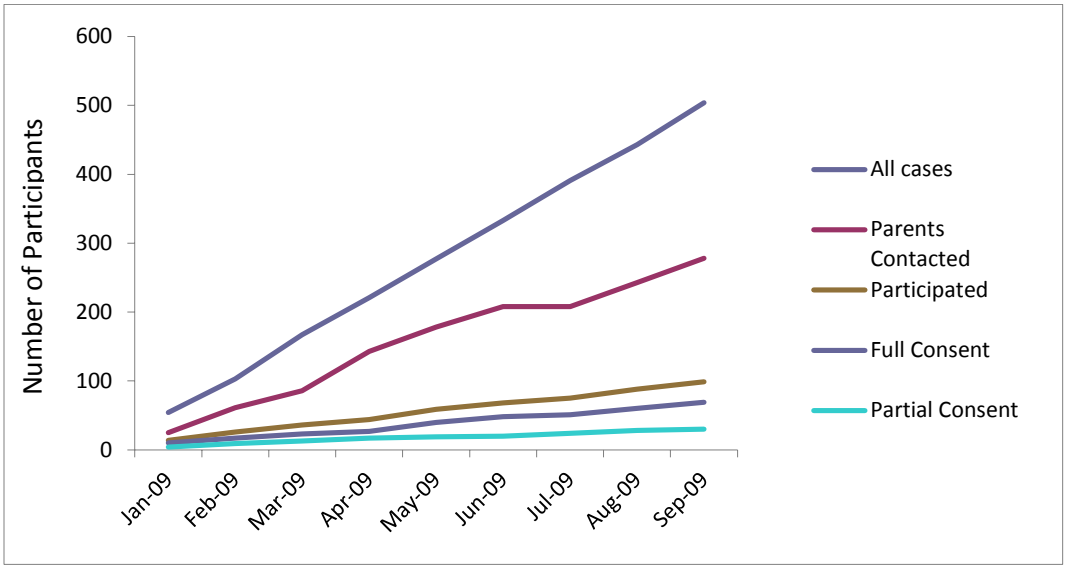
A total of 99 parents returned completed surveys, and 69 of these parents (70%) gave "full" consent which allowed the research team to contact other adults involved in the child's case, while 30 (30%) gave only partial consent, which allowed us to use only their data and did not allow us to obtain surveys from the other adults. (See Appendix Table A2.7 for details on why cases were incomplete.) Appendix Table A2.1 shows the number of parents who were contacted, how many actually responded, and the level of consent they gave for their participation in the study by each month (Appendix Table A2.6 shows actual and expected gender of participants). Figure 1 displays the cumulative data visually. Parent consents to participate in the study initially were high in the winter, and declined sharply after that, peaking briefly in the spring, dropping again in the summer, and increasing a bit in the fall again.

Table 1. Parent Enrollment in Study by TA Consultation Agency

TA Agency	Enrollment Goal (n) (%)	n Contacted (%)	Actual Sample (n) (%)	% Actual of expected (% Discrepancy)
Achievement Centers	40 (19.1%)	31 (11.2%)	5 (5.1%)	12.5% (-14.0%)
Applewood	15 (7.1%)	6 (2.2%)	2 (2.0%)	13.3% (-5.1%)
Beech Brook	30 (14.3%)	38 (13.8%)	9 (9.1%)	30% (-5.2%)
Berea Children's Home	15 (7.1%)	14 (5.1%)	2 (2.0%)	13.3% (-5.0%)
Cuyahoga County Board of Health	30 (14.3%)	54 (19.6%)	24 (24.2%)	80% (+9.9%)
Hanna Perkins Center	10 (4.8%)	18 (6.5%)	6 (6.1%)	60% (+1.3%)
Positive Education Program	70 (33.3%)	115 (41.7%)	51 (51.5%)	72.9% (+18.2%)
Total	210 (100%)	276 (100%)	99 (100%)	47.1%*

Notes: All % Expected = (N Enrollment Goal/N Enrollment Goal Total); % of total = (N Actual/N Total); % actual of expected = (N Actual/N Enrollment Goal Total); discrepancy = actual %-expected %; *Total enrollment was 53% less than expected

Figure 1. Participation in Study by Date of First TA Contact



Data Collection

Timing and Procedures, Informed Consent and Compensation. The study was intended to be carried out as follows: For each identified case, three months following the initial TA consultation, surveys would be mailed directly to the child's parent, teacher, center director, and TA consultant to request their perspectives on the consultation received and returned directly to the research team via self-addressed, stamped envelopes. The survey was to be mailed to the individuals and returned directly to the research team. Parents would then be contacted six months after the initial consultation (three months after receiving the survey) to assess the continuity of the child's child care situation.

Due to Case Western Reserve's Internal Review Board (IRB) policies and requirements, the surveys were not administered in line with this timeline. The IRB required that the researchers write in another level of parental consent into the study. Specifically, parents had to specifically give written consent for the researchers to contact the other adults (teachers, center directors and TA consultants) involved in the child's case. Consent was given 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). Because the research team was reliant upon the return of parent consents, surveys were not often sent to these other adults within the three-month time frame. This, in turn, also delayed the administration of the follow-up interviews within the six-month time frame. (See the Appendix for the study timeline.)

At the September 2009 meeting, the SNCC Evaluation Subcommittee recommended changing the parent mailing procedure so that TA consultants themselves informed parents of the Special Needs Study and handed requests for participation to the parents directly (including all consent forms, survey, and SASE). The committee hoped that the personal contact with someone they knew (the TA consultant) would increase parent participation and consent rates. The overall response rate was 35.6% before this change, and the response rate did not improve substantially following the revised data collection method. Figure 2 charts the study procedures.

Written informed consent was obtained from all respondents participating in the study according to Case Western Reserve University IRB policies. All participants were provided a written form outlining the purpose of the research, benefits and risks, and confidentiality measures employed. The teachers, directors and TA consultants involved in the study were placed into a drawing for one of five $25 gift cards (5 for teachers, 5 for directors, and 5 for TA consultants) awarded at the study's conclusion. All parents who completed a survey were sent a $20 gift card for their participation at both the three and six month data collection points.

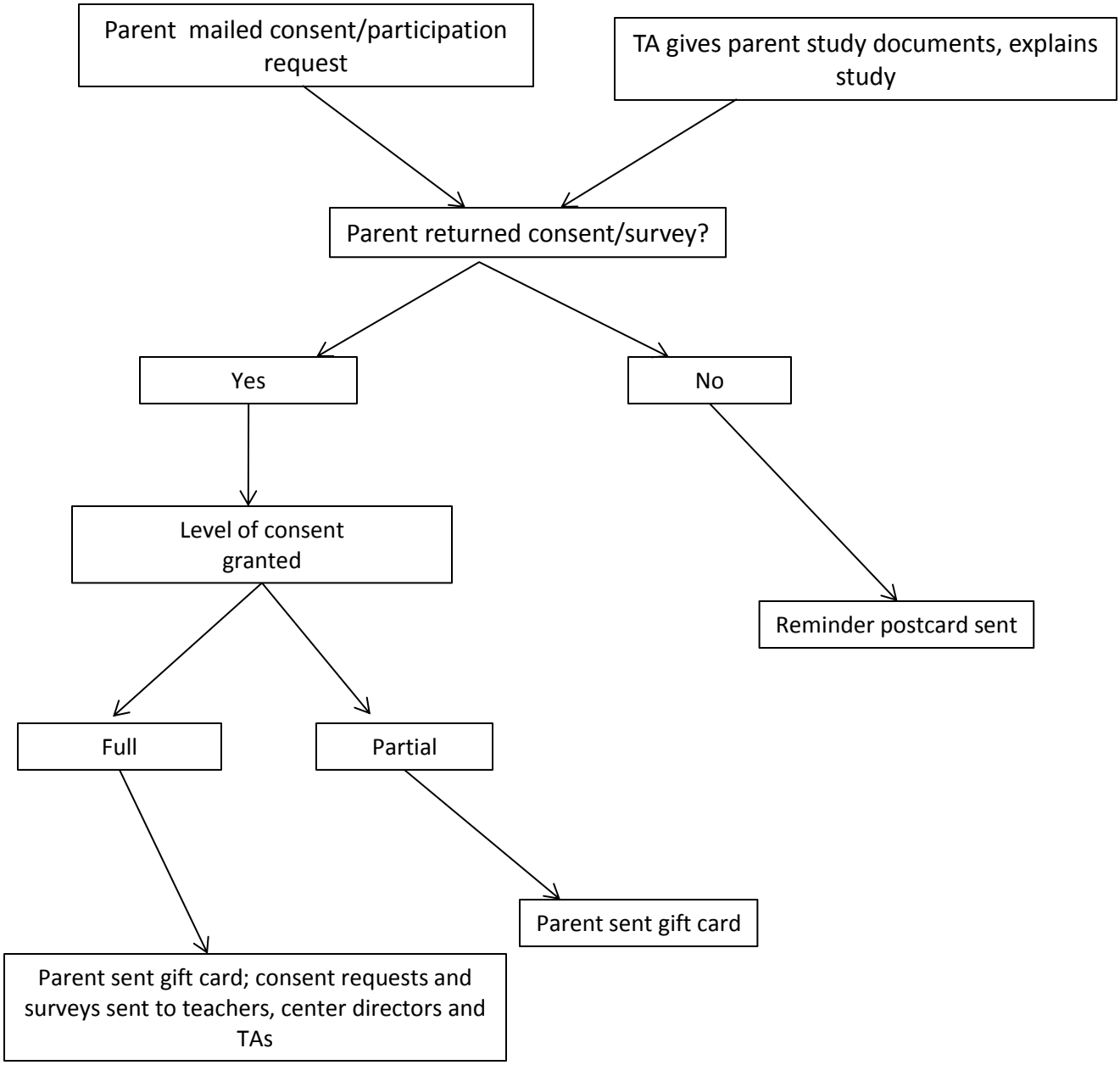
Administrative Data Set. Starting Point(SP) maintains an administrative data set that contains information about children who have received SNCC consultation services. The data also include information about the child's parents, TA consultant, teachers, child care center, and the center's directors. We used these data to contact each adult and request his or her participation in the study. The SP data were also used to collect demographic information and basic information about the TA visits, including the date of the first visit, date of last TA visit, and reasons for the visits.

Survey Instrument. Parents who agreed to participate completed a survey about his/her perspectives on the child's experiences with the TA. The survey instrument was developed based on previous instruments used in the SNCC evaluation and was developed collaboratively with the SNCC Evaluation Subcommittee. The focus of the survey was on the respondent's opinions and perspectives of the consultation services received. Parents, teachers, center directors, and TA consultants received nearly identical surveys to enable facilitating comparisons on particular cases. 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 visits the child had, 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. Parents were asked to provide phone numbers where they could be reached for the follow-up interviews. The appendix contains a copy of the complete survey.

Follow-up Interview. Follow-up Interviews were conducted in winter 2009 and early spring 2010. The phone interviews focused on identifying if the parent's child was still attending the child care center, and if not, why they were no longer attending, whether the TA had been

completed for their child, as well as the number of TA visits. Parents whose children remained in the child care setting were also asked to answer the same questions about the qualities of the consultant/consultation and outcomes of the consultation that they had been asked in the baseline survey. Parents were asked how successful the consultation had been, and the number of hours the child was in child care outside of the home at the time of the interview. Research assistants contacted parents by phone at the numbers that they provided on the baseline surveys. A total of 45 parents participated in the interviews (a 45% response rate). Many parents were unable to be reached at the numbers provided. In some cases, their phone numbers were disconnected, they did not answer, and/or did not return phone messages. In a few cases, parents declined to participate in the follow-up interview. Research assistants reported that a few of the parents with whom they spoke clearly gave the same answers for every question in the survey in order to finish the survey more quickly.

Figure 2. Study Procedures and Protocol


Parent mailed consent/participation request
TA gives parent study documents, explains study
Parent returned consent/survey?
Yes
No
Level of consent granted
Reminder postcard sent
Full
Partial
Parent sent gift card
Parent sent gift card; consent requests and surveys sent to teachers, center directors and TAs

Characteristics of Parent Respondents

Of the parents who responded to the survey, 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, and nearly two-thirds (65.3%) had at least some college education (see Table 2). About a 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 almost 28 hours at baseline and almost 30 at follow-up. Parents reported that they had worked in their field for as little time as less than one year to as many as 23 years with an average of 8 years.

Table 2. Demographic Characteristics of Parents at Baseline and Follow-up

	Baseline (n=99)	Follow-up (n=45)
Gender (% female)	91	91
Race (%)		
African American	53.6	56.8
White	44.3	38.6
Hispanic	2.1	4.6
Age (SD)	32.4 (8.5)	33.6 (7.4)
Education (%)		
Less than high school	10.2	6.8
High school/GED	24.5	22.7
Some college/post-secondary degree	38.8	40.9
Bachelors degree	8.2	11.4
Masters degree or more	18.4	18.2
Work full-time (%)	44.9	40.9
Work part-time (%)	24.5	31.8
How long in work field (SD)	8.1 (5.5)	7.7 (3.8)
# hours child in care outside of home (SD)	27.6 (16.3)	29.8 (12.7)

Table 3 displays the sample information for the non-parent adults in the study. A total of 15 technical assistants, 21 center directors, and 29 teachers participated in the study. Nearly all of the non-parent adults participating in the study were female. The TA consultant, teacher, and center director participants tended to be white women in their forties. TA consultants were 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 with less 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 more. Very few teachers and less than a quarter of center directors reported having a master's degree or higher level of education.

Table 3. Demographic Characteristics of TA Consultants, Teachers, and Center Directors

	TA Consultants* (n=15)	Teachers (n=29)	Center Directors (n=21)	Total (n=74)
Gender (% female)	93.3	100	95.2	97.3
Race (%)				
African American	13.3	20.7	20	18.9
White/Non-Hispanic	80	65.5	75	73
Hispanic	0	6.9	0	2.7
Other	6.7	6.9	5	5.4
Age (SD)	49.6 (13.0)	39.8 (11.4)	44.6 (11.3)	44.1 (12.4)
Education (%)				
High school/GED	0	13.8	0	5.3
Some college/post-secondary degree	0	58.6	33.3	32
Bachelors degree	40	24.1	42.9	32
Masters degree or more	60	3.5	23.8	30.7
Length of time in work field (SD)	20.4 (9.9)	12.6 (7.9)	17.0 (9.1)	16.3 (9.2)

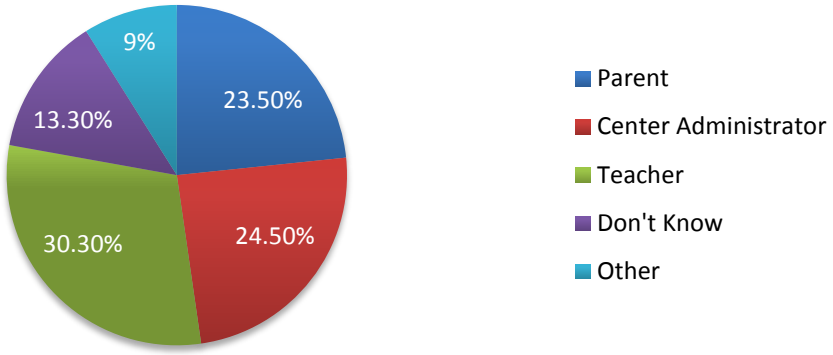
*See Appendix for details on TA consultant participation in the study

Findings

Part I. Parents: Baseline Survey

Who First Requested the Consultation. Almost one-third (29.6%) of parents reported that the person who first requested consultation in support of their child was the child's teacher, 24.5% reported that it was the center administrator, 23.5% reported that they (the parent) had requested the consultation, and 13.3% reported not knowing who had requested the initial consultation (matching these data with Starting Point's records revealed that the day care center had requested the consultations) (see Figure 1.1). Nine percent of parents reported that another party had requested the consultation. These other parties were listed as another school or teacher, specific individuals, a doctor, grandparents, a TA agency, and Help Me Grow. There was a statistically significant relationship between the type of concern leading to the consultation and who initially requested the consultation (X^2 (20,98) = 49.3, p = .003); parents tended to request the consultation if the child's issues were social, emotional, or behavioral (35%), or if the child had more than one concern (39%), while the teacher tended to request the consultation if the child's issue was developmental (24%) or social, emotional or behavioral (51.7%) and the center director requested the consultation if the issue was health/medical (37.5%), there was more than one concern (29%), or the issues were social, emotional, or behavioral (25%).

Figure 1.1 Who First Requested the Consultation



Concerns Leading to Consultation. Figure 1.2 displays the frequencies of concerns that lead to the initial consultation. Examining the "check all that apply" analysis, more than half of parents (50.5%) reported that social-emotional-behavioral issues (e.g., depression, anxiety, aggression, withdrawal, noncompliance, biting, etc.) led to the consultation, while more than a third (32.3%) listed a developmental concern (e.g., communications, cognitive, autism, motor skills, speech/language delay, etc.), nearly a 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. Examining the data slightly differently to examine whether parents checked more than one concern and no concerns, we see that nearly one quarter of parents reported that more than one concern led to the consultation for their child. Parents who checked only social-emotional-behavioral issues accounted for more than one-third of the concerns. An open-ended question asked what parents saw as the main reason for the consultation request. A complete listing of those responses is included in Appendix 3. Parents who responded that medical concerns were the main reason for the consultation request frequently mentioned upper respiratory issues and the need for asthma medication and management in the child care setting. Other parents mentioned diabetes and food allergies, and the need for these conditions to be monitored and managed by qualified individuals outside the home. Many parents who mentioned behavioral concerns listed aggression, ADHD, and biting, and parents who cited developmental concerns cited problems with speech and/or motor skills, among others (see Appendix for complete listing). Table 1.1 displays the relationship between the concern leading to the consultation and some of parents' evaluations of the consultation itself.

Figure 1.2. Percent Reporting Concern Lead to the Consultation

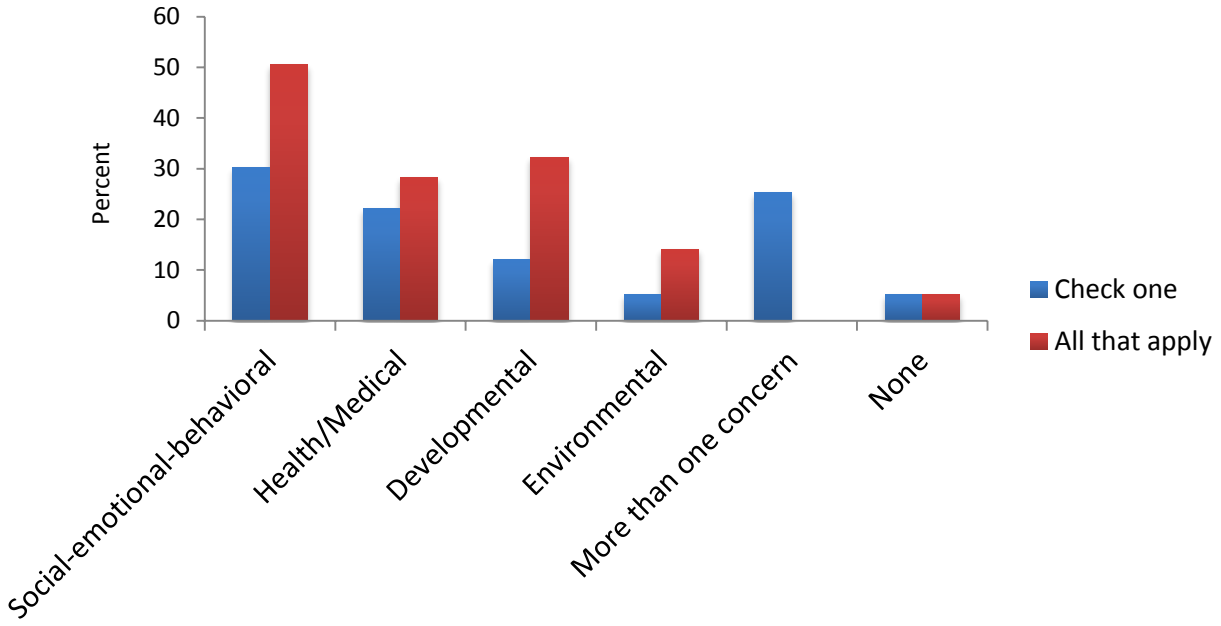


Table 1.1 Concern Leading to Consultation by Consultation Qualities and Outcomes[1]

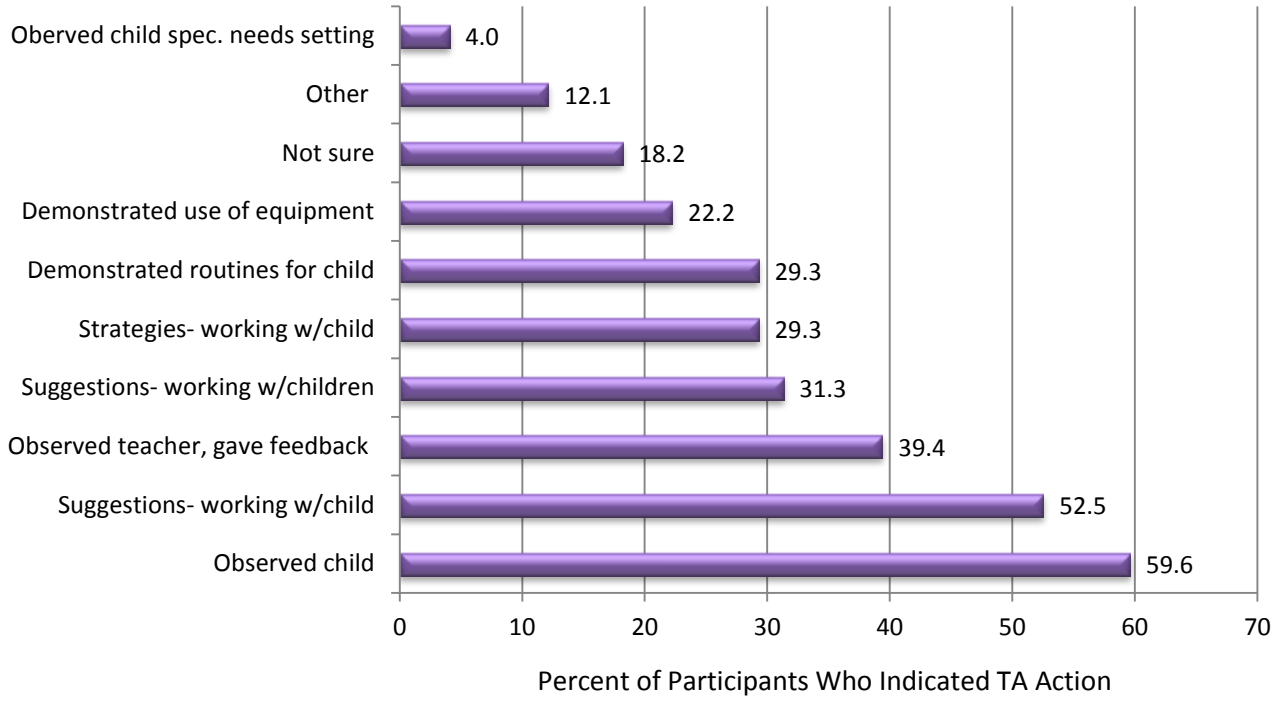
	Concern Leading to Consultation						
%	None (n =5)	Environ -mental (n = 5)	Health/ Medical (n = 22)	Develop -mental (n = 12)	Soc-emot-behavior (n = 30)	More than one (n= 25)	Total (n = 99)
Consultation Successful	100	60	95	91	81	72	82
Would rec. consultation	80	40	82	100	79	84	82
Consultant followed up	60	40	64	92	73	87	74
Service completed	20	60	53	75	62	50	54
Inc. parent confidence in setting	50	40	73	83	60	71	67
Involved family	40	60	64	92	79	80	75

[1]Where numbers do not indicate whole numbers of persons, there are missing cases.

Number of TA Visits. One-third (30.3%) of parents reported that their child had one (18.2%) or two (12.1%) TA visits; another 12.1% reported that their child had three TA visits, 16.2% reported that their child had four to six visits, and 13.1% reported that their child had seven or more visits. Nearly a third (28.3%) of parents reported that they did not know how many TA visits their child had received, and 45.8% reported that they did not know whether the TA services had been completed. Almost a third (28.3%) reported that the services had been completed, and 26% reported that it had not been completed.

What the Consultant did in the Early Childhood Setting. Figure 1.3 shows parents' reports of the consultant's activities in the early childhood setting. Parents most commonly reported that the consultant observed their child in the early childhood setting (59.6%) and/or provided suggestions and/or materials directly related to their child (52.5%). Another 39.4% reported that the consultant observed the teacher and provided feedback, while approximately one-third of parents reported each of the following: (1) that the consultant provided suggestions and/or materials related to working with children in general (31.3%); and/or (2) that the consultant modeled a strategy or strategies for the teacher(s) working with their child (e.g., showing the teacher how to do something) (29.3%); (3) that the consultant provided and/or demonstrated how to use or adapt routines/activities/games/toys for their child's special need (29.3%). Fewer parents reported that consultants demonstrated how to use or adapt equipment for their child, and 18% of parents reported that they weren't sure what the consultant did in the child's care setting, and 12% reported that the consultant offered another kind of service. Very few parents reported that the consultant observed their child in a special needs treatment setting (e.g., Occupational Therapy (OT), Physical (PT).

Figure 1.3 What the Consultant Did in the Early Childhood Setting



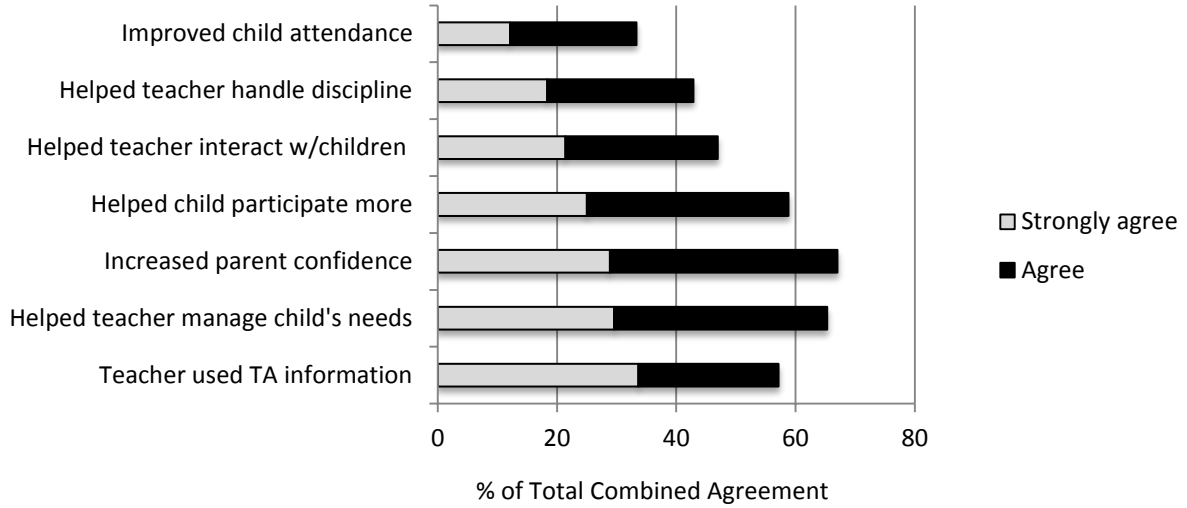
Mental Health Diagnosis, Receipt of Specialized Services, and Child Care Provider Involvement in Early Intervention (EI) Services. Only 13% of parents reported that their child had a mental health diagnosis, and one quarter (25.3%; n=25) of parents reported that their child received any specialized services. Of the entire sample, a total of 7% of parents reported that their child received Individualized Education Program (IEP) services, 10% received speech/language services, 2% Individualized Family Service Plan (IFSP) services, 3% OTPT services, 12% received counseling, services, 9% received Help Me Grow services, and 1% received MR/DD services. Forty percent of parents reported that their child was not receiving Early Intervention (EI) services at the time the survey was administered. Among those parents who reported that the child's child care provider was involved in the child's EI services (e.g., Help Me Grow, Board of MR/DD; speech, physical, or occupational therapy; n= 42), 19.1% reported that the child care provider was very involved, 23.8% reported that the child care provider was somewhat involved, and 9.5% reported that the child care provider was not involved. Nearly half of those parents (47.6%), however, reported that they did not know how involved their child care provider was.

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. Nearly three-quarters (74.2%) of parents at least agreed (41.2% strongly agreed) that the TA consultant followed up with the parent after the visit, while 14.4% disagreed (4% strongly disagreed), and 6.2% did not know whether the TA consultant followed up. About three quarters (74.5%) of parents agreed that the TA consultant tried to involve the family in helping the child; another 43.9% strongly agreed, only 6% disagreed, and 7% did not know whether the TA consultant involved the family.

Consultation Outcomes. 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. Very few parents disagreed and even fewer strongly disagreed (less than 10%) with any of the statements--with the exception of the consultation improving the child's attendance—10.1% responded that they disagreed or strongly disagreed that the consultation improved the child's attendance. One notable finding was that the consultation increased the parents' confidence in the child care setting's ability to handle the child's special needs. The data also indicate that parents did not often know what the outcomes of the consultation were, especially with regard to how the consultation helped the teacher. More than one-third of parents responded that they did not know the extent to which the consultation helped the teacher interact with young children, and nearly one-third (28.6%) responded that they did not know the extent to which the teacher used the information, suggestions, and/or equipment the consultant provided. Another 25.5% reported not knowing the extent to which the consultation helped the teacher with discipline, and 21.4% did not know whether the consultation had helped the teacher manage their child's needs. Even when it came to the effect of the consultation on their child, some parents still reported not knowing the impact; more than one-fifth (22.1%) of parents reported not knowing whether the consultation helped their child participate. These findings might be interpreted in terms of the fact that parents are not in the

classroom with the teacher and child on a daily basis, however it does highlight potential communication issues. Parents' reports on the outcomes of the consultation at baseline are displayed in Figure 1.4.

Figure 1.4 Outcomes of the Consultation



Success of the Consultation. Parents tended to report that the consultation had been a success. A full 82% reported that the consultation had been very or moderately successful and only 18% that it was minimally or not successful. More than half (51.6%) reported that the consultation had been very successful, one-third (31.2%) reported that it had been moderately successful, 14% that it had been minimally successful, and only 3.2% that it had not been successful. Parents who had children with either more than one concern or social-emotional-behavioral concerns leading to the consultation were somewhat more likely to report that the consultation had been minimally or not successful (though the difference was not statistically significant p = .17); these parents accounted for 75% of the minimally successful/not successful evaluations. More than 95% of parents with children with a health or medical concern rated the consultation as successful, as did 91% of parents with a child with a developmental concern, 81% of parents with a social-emotional-behavioral concern, 72% with more than one concern, and 60% with environmental concern. Parents' evaluation of success was unrelated to the number of TA visits their child had completed. Parents were more likely to rate the consultation a success if the service had been completed, and if the teacher or center director had requested the initial consultation, though neither of these differences were statistically significant.

Examining the 17% of parents (n=16) who rated the consultation as either minimally or not successful revealed that 68.8% of these children had social, emotional, or behavioral concerns, and 43.8% had developmental concerns, with 43.8% having more than one concern. Of these, about 69% had technical assistance services from either Beech Brook (31.3%) or Positive Education Program (37.5%), and for 75% of the cases, either the parent (43.8%) or the teacher (31%) first requested the consultation. These children tended to have more severe issues,

demanding of professionals' attention. In their open-ended comments, TA consultants, teachers, and center directors revealed that these children exhibited extreme behavior problems, including aggressive behaviors such as biting and kicking, fire starting, their homes had unclean and neglectful conditions, and mental health problems with the parents. Others 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. The parents' open-ended comments revealed that they felt unconnected 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. Almost 70% (68.8%) of parents who felt the consultation had been unsuccessful were African American, these parents tended to be slightly older than the mean, and were more likely to say the consultation had been minimally successful (81%) rather than unsuccessful per se. Despite their rating of the consultation as not very successful, more than a third (31.3%) of parents nonetheless said they would recommend the consultation to others, while 25% would not. Furthermore, 56% said that the TA consultant involved the family, 46% said the TA consultant was knowledgeable about their child's special need, 43.8% said that the consultation increased their confidence in the child care setting's ability to meet their child's needs, and more than a third agreed that the consultation: (a) helped their child participate in class; (b) led to their child's having better attendance, and said that the TA consultant followed up sufficiently after the visit. Of these parents who rated the consultation as minimally or not successful at baseline, it is noteworthy that more than half of those who participated in the follow-up interviews (57%; n=7) rated it as very or moderately successful at follow-up.

Parents: Qualitative/Open-Ended Feedback. In the space provided for open-ended responses, many parents expressed gratitude for the TA help they received (a complete listing of the open-ended responses is in the Appendix). One parent noted: "…if it wasn't for the program child would not be doing better… He is doing much, much better with all this help." Many responses made it clear that the TA consultant had helped the family substantially. Among them:

- 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!
- I can't say enough how wonderful [TA consultant] has been. [TA consultant] is a really caring person and I have always felt very comfortable with [TA consultant]. I truly believe that [TA consultant] genuinely cares about my son.
- I feel [TA consultant] was very kind and sympathetic to our situation. I think [TA consultant] was a good help to the teachers and myself in dealing with my son's issues.
- 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 parent feedback was more mixed. One parent commented that the services ended due to funding cuts, which was disappointing since the program was working out well. 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."

Some parents had negative feedback about their experiences. Some of this feedback was related to particular consultants. One parent said: "If she had cared it would have been successful." Another did not feel home visits were 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." Other comments noted that the child care provider didn't seem to have learned much from the consultation. One parent commented: "They still questioned what she could or couldn't eat." ...teachers still were not confident with the knowledge.

Other comments focused on communication issues, and parents feeling perhaps "out of the loop." Among these comments:

- I was informed that my son would be observed in his school setting in which later I found out the teachers were the only ones being observed. Afterwards I was not informed of the findings, I was not kept up to par with what was going on.
- I would like to meet with person who observed for more detailed information/strategies on how to help my daughter.

Part II. Parents: Follow-up Interviews

A total of 45 parents participated in the follow-up interviews, conducted between six and nine months following the initial consultation. Many parents were unable to be reached—their phone numbers were invalid, they did not return calls, or despite repeated attempts, were unable to be reached by phone, or refused to participate in the interview.

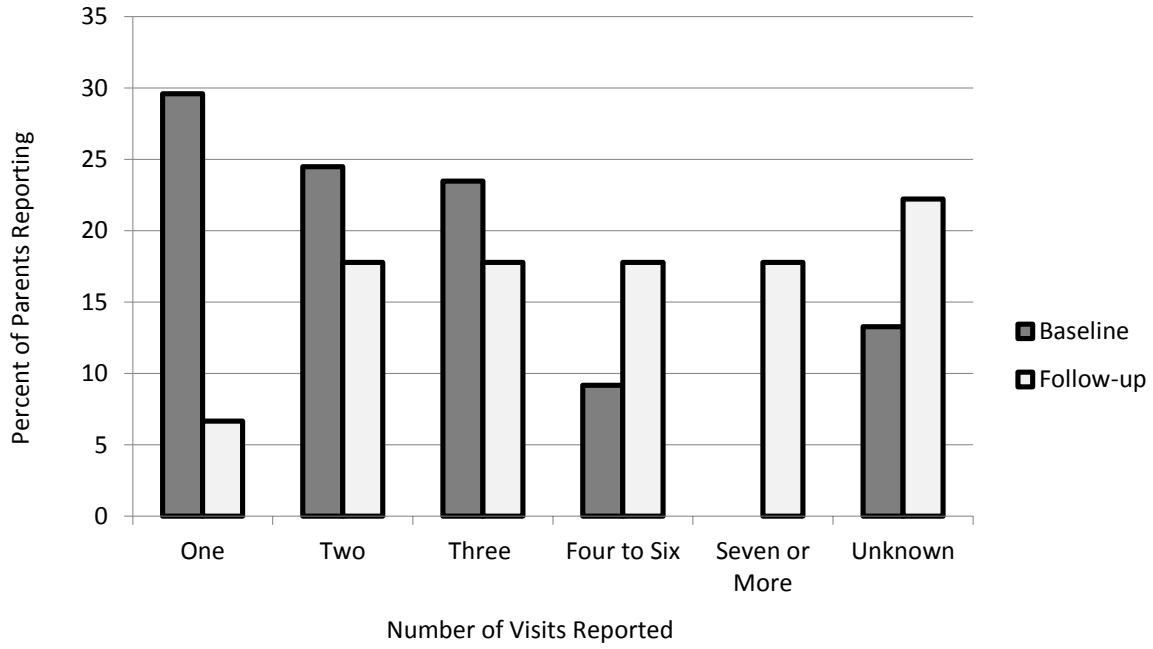
Child Care Stability. Approximately 53% of children whose parents participated in the follow-up interview were still at the child care center at the time of that interview (n=24), and 87.5% of these were served by either the Cuyahoga County Board of Health (45.8%) or Positive Education Program (41.7%). Just under half (47%) of parents reported that their child no longer attended the child care facility at follow-up. In open-ended responses, parents listed the reasons that their child no longer attended the center. These reasons included the following: (1) the child had enrolled in kindergarten (n=7); (2) staffing or other school-specific issues (n=4); (3) autism diagnosis and need for another center (n=2); (4) Ending of ELI [Ohio Early Leaning Initiative] program (n=3); (5) too expensive (n=1); (6) school not a good fit (n=1); (7) changed schools (n=1); (8) other reason (n=3). Only three parents (15%) mentioned that the reason their children were no longer at the child care facility was related to the TA the child had received. When asked in what way they were related, parents responded that their child was "receiving more services, classroom setting," the new setting was "more knowledgeable/experienced," and the new setting had "more experience."

When asked if there was anything the center could have done to make them want to keep their child at the center he/she was attending, 13 parents answered "No," three parents mentioned that they would appreciate free or less expensive child care, one said the center had been "very helpful in finding new school," another said "kindergarten, if they had it," one parent who had complained about the center's cleanliness responded "Had parents come in to clean or janitor take care of it;" one parent said they would be returning to the center in the Spring; and one parent responded "No; exhausted all resources."

Technical Assistance Completed and Number of TA Visits.

- 71% of the parents in the follow-up interview reported that the technical assistance service was completed for their child, 4% reported that it had not been completed, and 24% were not sure whether it was completed.
- Nearly a quarter (22%) of parents reported that they did not know how many TA visits their child had in total, while 7% said their child had only one visit, and 18% of parents reported each of the following: two, three, four to six, and seven or more TA consultation visits. See Figure 2.1 for a comparison of parents' baseline and follow-up estimates of visits.

Figure 2.1 Parents' Reports of Number of TA Visits, Baseline and Follow-up



Of all Parents Participating in Follow-up Interviews (n =45)

- Most (87%) parents agreed that they would recommend consultation to others who work with children, while 13% disagreed.
- Of all parents interviewed, a total of 88.4% of parents reported that the consultation was at least somewhat successful. A total of 46.5% of parents reported that it was very successful;

41.9% that it was moderately successful; 9.3% that it was minimally successful, and only one parent reported that it was not successful.

- About two-thirds (68%) of parents who said the consultation was very successful at baseline reported it was very successful at follow-up, but more than a quarter of parents who said the consultation was only moderately successful at baseline said it was very successful at follow-up. Parents tended to improve their ratings between baseline and follow-up; more than half (57.2%) of parents who reported the consultation minimally successful at baseline improved their ratings at follow-up. One parent who reported that the consultation was minimally successful at baseline reported that it was very successful at follow-up.
- Parent feelings about the consultation's success were related to the concern that led to the consultation. Parents of children who had social, emotional, or behavioral issues or more than one concern were somewhat more likely to indicate that the consultation was minimally successful. Among those parents reporting minimal success with the consultation, 77% had children either with social, emotional, or behavioral issues (30.8%) or more than one concern (46.2%).
- Parents reported that, at the time of the interview, their child was in child care outside of the home a minimum of zero hours and a maximum of 50 hours, with an average of almost 30 hours (see Table 2).
- Open-ended quotes from comments on the consultation at follow-up:
  - Teachers don't always follow through with the TA's instructions.
  - Consultation was great; follow-through w/ teachers weren't as helpful.
  - Unaware of the services child are/should be receiving.
  - Very good and helpful. Good resource.
  - Very happy, more confident that she would advance in her speaking.
  - Shame that [TA consultant] couldn't follow through. A second opinion was helpful and her behavior at home is different than school. Teacher was phenomenal.
  - TA was very, very helpful in finding ideas, resources that were compatible for child.

Parents with Children Who Still Attended the Center at Follow-up (n=23)

Qualities of Consultant

- 78.3% agreed (35% strongly agreed) with the statement that the consultant was knowledgeable about the child's special need(s) or type of support needed, while 8.7% disagreed, and 13% reported that they didn't know.
- Nearly three quarters (74%) of parents agreed that the consultant sufficiently followed-up with the parent after the visit, with nearly half (47.8%) strongly agreeing, while 17.4% disagreed, and two parents (8.7%) reported not knowing whether the consultant followed up.
- Most parents (74%) agreed that the consultant tried to involve the family in helping the child (47.8% strongly agreed), while 17.4% disagreed and two (8.7%) reported that they did not know.

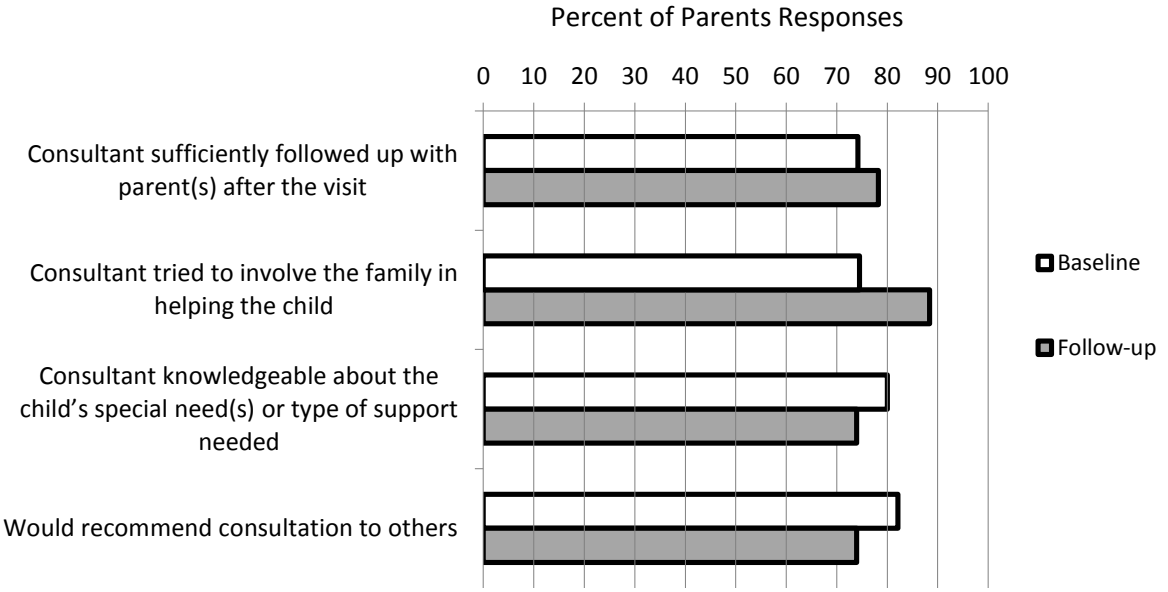
Consultation Outcomes

- More than half (52%) of parents agreed with the statement that the consultation led to the child having better attendance at the center (17.4% of these strongly agreed), and 17.4%

disagreed with the statement (about 30% reported the statement was not applicable or they didn't know (8.7% didn't know)).

- More than three quarters (82.6%) of parents indicated that the consultation increased their confidence in the setting's ability to handle their child's special needs; more than half (56.5%) agreed that their confidences was increased, and more than a quarter (26.1%) strongly agreed. Only one parent disagreed with the statement, and about 13% either didn't know or indicated the question was not applicable.
- Nearly three quarters (73.9%) of parents agreed (56.5%) or strongly agreed (17.4%) that the consultation helped the teacher's ability to interact well with young children. Only one parent strongly disagreed, and another 21.7% indicated that they didn't know.
- Less than half (43.5%) of parents agreed (30.4%) or strongly agreed (13%) that the consultation helped the teacher's ability to handle discipline problems effectively, and another 8.7% disagreed. A full third (30.4%) indicated the question was not applicable, and 17.4% indicated they did not know the extent to which the consultation helped the teacher with discipline problems.
- A full 82% of parents agreed (59.1%) or strongly agreed (22.7%) that the consultation helped the teacher's ability to manage their child's needs. Another 18.2% indicated that they disagreed (9.1%) or didn't know (9.1%).
- More than a quarter (26.1%) of parents strongly agreed that the teacher used the information, suggestions and/or equipment the consultant provided. Another 43.5% agreed, and 30.4% indicated the question was not applicable (4.4%) or that they didn't know (26.1%) the extent to which the teacher used the information.
- With regard to the statement that the consultation helped the child participate more in classroom activities, 17.4% of parents strongly agreed, 52.2% agreed, while only one parent disagreed. A full quarter (26%) reported that they didn't know or that the question was not applicable.

*Figure 2.2 Baseline (n=99) Compared to Follow-up (n=23), Parents' Reports of Consultant**

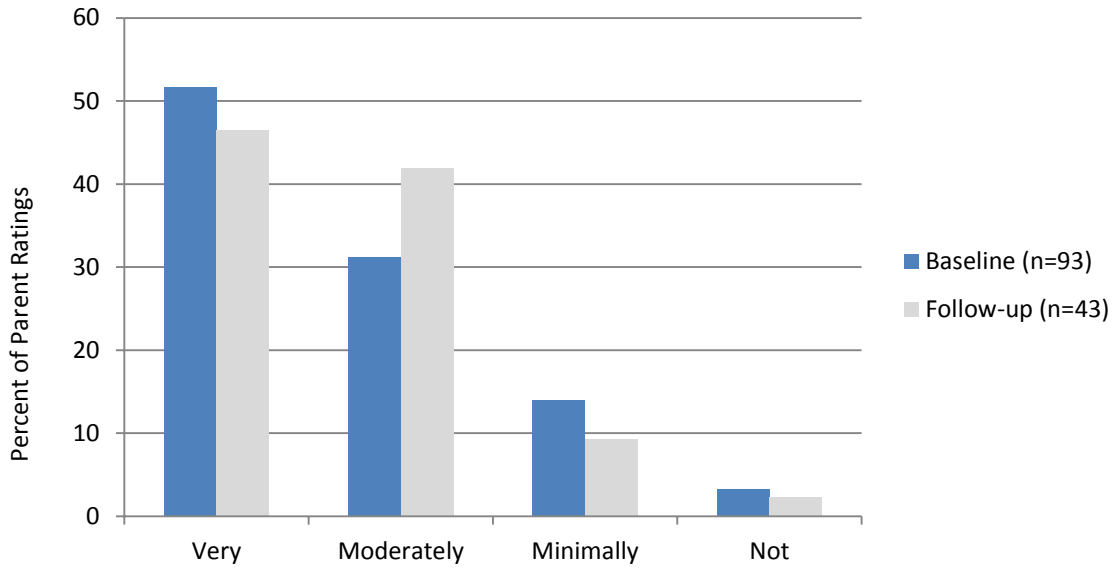


*Note: Numbers reported above reflect parents who agreed or strongly agreed with the statements. Follow-up n=23, only parents whose children were still at center were asked these questions.

Comparing parents who responded to the survey at baseline (n=99) with those who were reached for interview at follow-up (n=45), we can see that at follow-up, a slightly greater proportion of parents reported that the consultant tried to help the family to help the child, and that the consultant followed up sufficiently after the visit. At baseline, a higher proportion of parents reported that the consultant was knowledgeable about the child's special need or type of support, and would recommend the consultation to others. Overall, it is clear from these findings that parents were very happy with the consultation and would recommend the consultation to others.

Success of the Consultation. Figure 2.3 reinforces the finding that parents were happy with the consultation; overall, they reported the consultation was successful. More than half of parents at baseline and a somewhat smaller proportion at follow-up reported that the consultation was very successful. Examining parents who reported the consultation to be at least moderately successful (combining those who reported the consultation was very successful and those who said it was moderately successful) reveals that 83% of parents at baseline and 88% of parents at follow-up felt the consultation could be rated at least moderately successful. At both baseline and follow-up, parents tended to report that the consultation had been a success. Very few parents rated the consultation as minimally or not successful.

Figure 2.3 Percent of Parents Rating Consultation Successful: Baseline and Follow-up



Part III: Other Adults: Perspectives of TA Consultants, Teachers, and Center Directors

TA consultants, teachers, and center directors reported what the consultant did in the early childhood setting. Caution should be used in interpreting these data. While TA consultants, teachers, and center directors responded to the surveys, comparing their aggregated data directly to each other could be misleading. There are only 22 complete cases in which the TA consultant, teacher, and director data are all present. In other cases, there are data for only one or two other adults beside the parent. Thus, the data below should be interpreted in general, within adult category, and not used for comparative purposes.

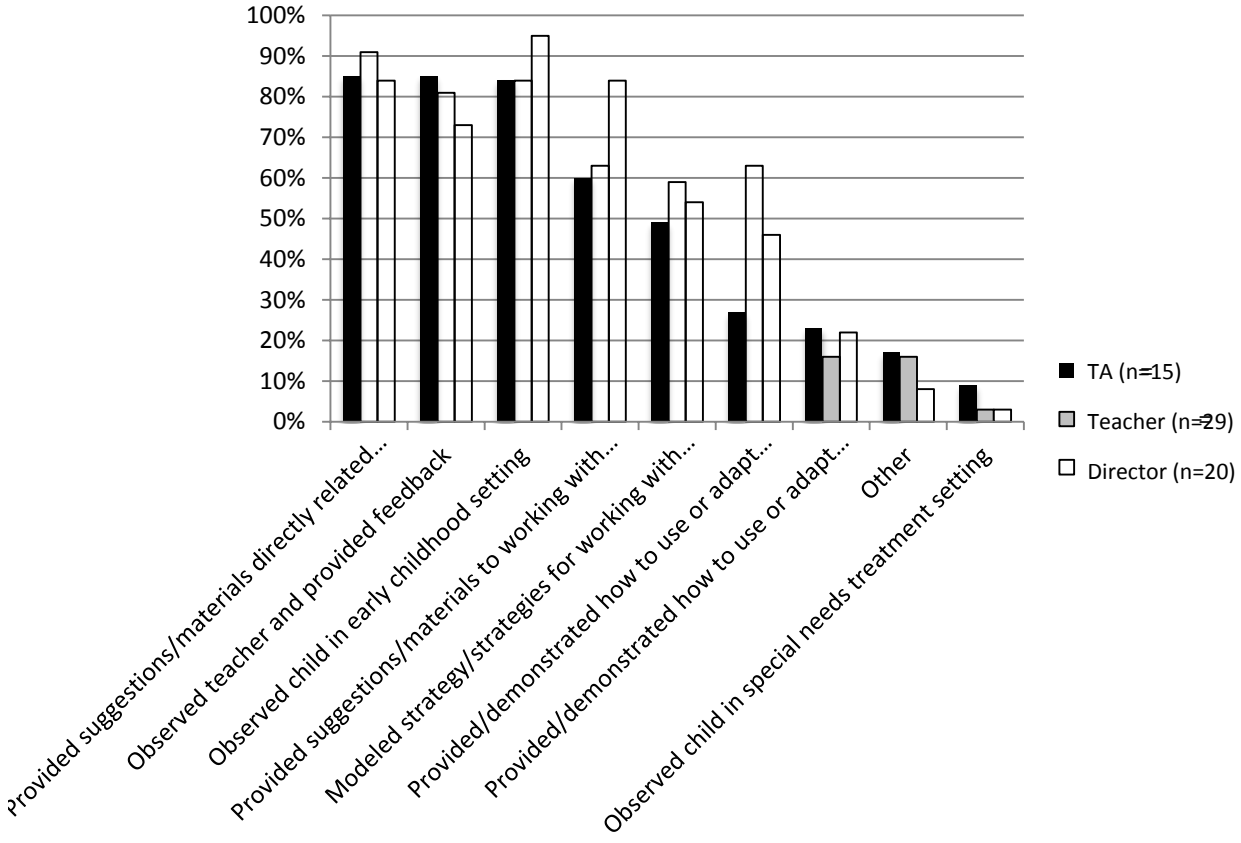
What Consultant did in Early Childhood Setting. TA consultants most often reported that they observed the teacher and provided feedback, observed the child in the early childhood setting, and provided suggestions and/or materials related directly to a specific child (see Table 3.1). TA consultants, teachers and directors were all least likely to report that the consultant observed the child in the special needs treatment setting. Teachers and directors most often reported that consultants provided suggestions and/or materials related directly to a specific child, and that the consultant observed the child and the teacher in the early childhood setting.

Table 3.1 TA Consultant, Teacher, and Director Reports of What Consultant did in Early Childhood Setting

	TA Consultant (n=15)	Teacher (n=29)	Director (n=20)	Total (n=64)
Observed child in early childhood setting	84%	84%	95%	88%
Observed child in special needs treatment setting	9%	3%	3%	6%
Provided suggestions/materials directly related to child	85%	91%	84%	86%
Provided suggestions/materials to working with children in general	60%	63%	84%	68%
Provided/demonstrated how to use or adapt routines/activities/games/toys for child	27%	63%	46%	42%
Provided/demonstrated how to use or adapt equipment	23%	16%	22%	20%
Modeled strategy/strategies for working with child	49%	59%	54%	53%
Observed teacher and provided feedback	85%	81%	73%	80%
Other	17%	16%	8%	14%

Note: Response category was “pick all that apply.” Due to the above listed limitations, these data should be interpreted in general, within adult category, and not used for comparative purposes.

Figure 3.1 TA Consultant, Teacher and Director Reports of Services Consultants Provided

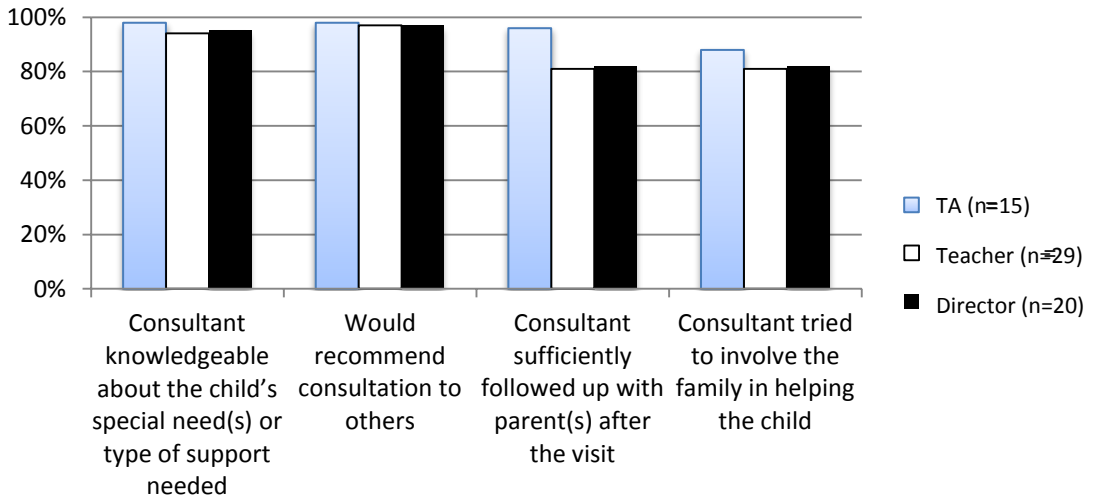


Qualities of the Consultant. Nearly all consultants reported that they were knowledgeable about the child's needs or the support needed, that they would recommend the consultation to others, and that they had sufficiently followed up after the visit (See Table 3.2 for percentages who rated these items as "agree" or "strongly agree" and Figure 3.2 for a visual representation of these data). Though a somewhat lower proportion reported that they had tried to involve the family in helping the child, still more than three-quarters of the consultants reported that they had done so. Responses of teachers and directors followed this same pattern. Nearly all of the teachers and center directors reported that they would recommend the consultation to others, and reported that the consultant was knowledgeable about the child's needs.

Table 3.2 TA Consultant, Teacher and Director Reports of Qualities of the Consultant

	TA Consultant (n=15)	Teacher (n=29)	Director (n=20)	Total (n=64)
Consultant knowledgeable about the child's special need(s) or type of support needed	98%	94%	95%	96%
Consultant sufficiently followed up with parent(s) after the visit	96%	81%	82%	86%
Consultant tried to involve family in helping child	88%	81%	82%	84%

Figure 3.2 TA Consultant, Teacher and Director Reports of Consultant Qualities



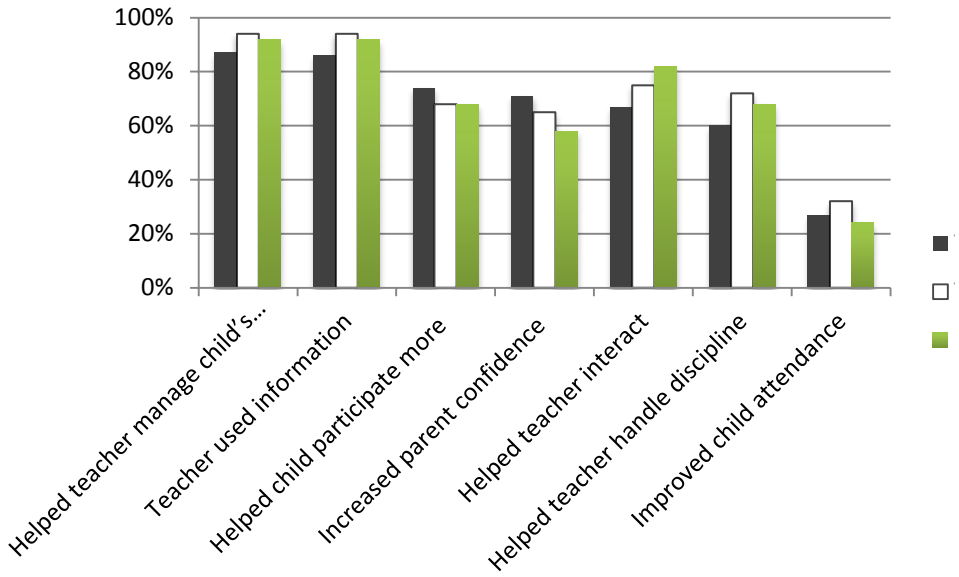
Consultation Outcomes. Overall, TA consultants, teachers, and center directors rated the consultation highly with regard to the outcomes. Nearly all teachers and center directors responded that the teacher was able to use in the information, suggestions, and/or equipment provided by the consultant, that the consultant had helped the teacher manage the child's specific needs, and significantly, that they would recommend the consultation to others (see Table 3.3 and Figure 3.3). Somewhat fewer but still sizeable numbers reported that the consultation had helped the teacher interact with the children, handle discipline problems, increased child's participation, and increased confidence of the parent of the setting's ability to handle the child's special needs. Though teachers and directors tended to rate improved attendance of the child the lowest of all the outcomes (parents also rated this item lowest).

*Table 3.3 TA Consultant, Teacher and Director Reports of Outcomes of the Consultation**

	TA Consultant (n=15)	Teacher (n=29)	Director (n=20)	Total (n=64)
Teacher used information, suggestions and/or equipment consultant provided	86%	94%	92%	91%
Helped teacher manage this child's needs	87%	94%	92%	91%
Increased the confidence of parent in the setting's ability to handle child's special needs	71%	65%	58%	65%
Helped teacher's ability to interact well with young children	67%	75%	82%	75%
Helped teacher's ability to handle discipline problems effectively	60%	72%	68%	67%
The consultation led to the child having better attendance at the center	27%	32%	24%	28%
Helped child participate more in classroom activities	74%	68%	68%	70%
Would recommend consultation to others	98%	97%	97%	97%

Note: % Agreed; these numbers reflect respondents who strongly agreed or agreed that the statement was true

Figure 3.3 TA Consultant, Teacher and Director Reports of Outcomes of the Consultation



TA Consultant, Teacher, and Director Open-Ended Responses

Open-Ended Responses. Excerpts from TA consultant, teacher, and directors' open-ended responses appear below. These responses provide insight into the value of the TA services and the interactions that occur between the different adults involved with special needs children's cases.

<u>TA Consultant Open-Ended Responses</u>

- Teacher is very open to suggestions and she implements strategies and seeks additional ideas. Separation issues have been resolved.
- Offered home visits, but had no response from parent.
- The parent has been given information about other mental health services, but has not follow[ed] through.
- The director who is no longer at the center, helped a great deal, supporting the family as we connected them with school services.
- The mother and the staff at the center have worked together to make this experience successful for this child.
- This child made much progress in social/emotional domain. Teacher works at daily with supporting him to practice skills and appropriate interactions.
- 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.
- A team of teacher, director, mental health coordinator and TA consultant worked with parent to help her get appropriate services for her child.

<u>Teacher Open-Ended Responses</u>

- [TA consultant] is a wonderful resource for teachers and families.

- I have had multiple consultations regarding several children and have always found the suggestions very informative and helpful.
- 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.
- Consultants were as helpful as parents were allowing them to be.
- Our consultant is very helpful, and really has our families needs at heart.
- She is a wonderful addition to my classroom. She has made great suggestions that prove to be very useful.
- 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.
- As a result of suggestions made at this consultation the child's emotional health has vastly improved, as well as his behavior.
- [TA consultant] excellent, he works well with the children, staff and parents. We welcome him with open arms.
- [TA consultant] is very knowledgeable, helpful and he deserves a raise. We welcome him into our center whenever he likes and without invitation. He is awesome and we love having him.
- She is well loved by all of the children. She is very helpful to the teachers too!

<u>Director Open-Ended Responses</u>

- We have used consultation since 1991 and find it irreplaceable and a wonderful support.
- The consultation for this child as well as others we've had at the center have been extremely beneficial and successful!
- Staff and parents value support given by consultant-Recommend to other centers regularly.
- Consultant has been persistent in follow up with parent/caregiver. Supports family and center staff
- Mental health consultant has been (is) strong support for staff, parents, myself-Provides after hours as needed.
- Feel this particular consultant isn't helpful to parents or staff but other consultants have been.
- I feel that any lack of success child has had is due to parental involvement.
- Consultant knowledgeable--provides additional training opportunities for center staff--pleasant--concerned--consistent
- Consultant provided technical asst, modeled appropriate strategies. Home visit, suggestions for home and classroom.
- [TA consultant] not only does what is listed on this sheet but she 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!
- This consultant was very knowledgeable with lots of information. We need her every day. This would be a benefit offering quality services.

- [TA consultant] is very knowledgeable, interactive and a great support to the family as a unit.
- [TA consultant] does an impeccable job. Knowledgeable and professional an asset to the program.

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 particular children. In bringing together these adults' perspectives, we hoped to better understand the impact the program is having as well as areas of improvement for these different adults who work closely with special needs children. It is clear that the program is making a strong contribution toward improving the lives of special needs children and their families. Parents' evaluations were widely positive and appreciative of the services, rating them a success and indicating they would recommend the services to others. 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).

One aim of the study was to assess whether TA consultation was related to a child's having greater stability in the child care setting, measured by their remaining in the child care setting for more than six months. The data presented here do not allow us to draw firm conclusions on this question for several reasons. First, only approximately half of the sample participated in the follow-up interview. Second, only about half of the families participating in the follow-up interviews had children who were still at the child care center between six and nine months after the initial consultation, less than a quarter of the initial sample of 99. Thus, we should be cautious about drawing conclusions based on this small number of respondents. At both baseline and follow-up, however, 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 considered to be unrelated to the child's attendance. The open-ended responses provided some explanation for this evaluation. References were made to services and programs being discontinued, vouchers being lost, and other financial issues. Other children stopped attending because their parents lost their jobs and could no longer afford child care, their families moved, or other reasons that had little to do with receiving the TA. Thus, it appears that structural 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.

Strengths. Rather than focusing on only one adult's experiences, the data presented here brought together the perspectives of several adults involved in a child's care together to better understand the overall experience of the TA services. The data make it clear that the technical assistance consultation services in the Special Needs Child Care component are highly valued and valuable programs. 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. These sentiments were repeated in the

follow-up interview phase. Most respondents rated the consultations as successful, would recommend them to others, and through open-ended comments, emphasized the high value they placed on the TA services.

Areas of Improvement. Children with social-emotional-behavioral issues and/or more than one concern clearly present a challenge for their child care providers. Parents reported somewhat less success of the consultation if their child presented with these issues. This has also been true in previous evaluations. The extent to which innovative approaches and/or more intensive services can and/or should be explored for these children is an area ripe for investigation, especially for future work. Focusing on the issues presented by these children, the barriers to success, and the parent, teacher, TA consultant and center director experiences with caring for these children may provide insights to what approaches will be most effective and how to implement them.

Throughout this study, some parents' responses have at times indicated that they have little knowledge of their child's consultation experience. When asked what the main reason was for the consultation, one parent said that they didn't know a consultation had occurred. Indeed, as many 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. At least one parent called the researchers to protest their child's label as "special needs" (he or she had a food allergy) and two others called wanting to know how the research team got their child's information. Other parents called the researchers or responded to the request for study participation by denying that their child had participated in consultation services or saying they have no knowledge of such participation. In particular, many of the questions indicated that a number of parents were not aware of the extent to which the consultations had benefited the teacher in dealing more effectively with various class and child-specific issues. In an open-ended question asking if there was anything else the respondent wanted the researchers to know, one parent responded "I was informed that my son would be observed in his school setting in which later I found out the teachers were the only ones being observed. Afterwards I was not informed of the findings, I was not kept up to par with what was going on." These responses suggest that more education and communication might be needed to inform parents of both the meaning of "special needs," its correlates, and consequences, and they should be kept "in the loop" with regard to the services their child is or has been receiving. Teachers should communicate the benefits they receive from the consultations to the parents as well. 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 has indicated that a partnership between a special needs child's family and the professionals involved in the child's care is critical (Brotherson, Summers, Naig, Kyzar, Friend, Epley, Gotto, & Turnbull, 2010). Still, these data suggest that the SNCC TA consultations have had a clear and very positive impact on the families and early childhood settings they serve.

To address many of these issues, Starting Point 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 and any recommendations that would follow.

- Technical Assistance Quality Assurance Survey for TA Consultants and Center Directors. This form assesses the quality of consultant TA visits, asks them if they understand the subject before and after the TA visits, and asks whether they would they use them again. There is a section for any comments/ concerns. It also asks if there is an increase in knowledge about children with special needs and resources available. Starting Point will on a quarterly basis, conduct a face-to-face quality assurance visit with the teacher and/or administrator to gauge their feelings about the technical assistance on behalf of a specific child at their center. This will be done through a random selection of technical assistance visits and technical assistance consultants in the Starting Point database. Any issues/concerns will be provided to the technical assistance consultant and his or her supervisor.
- Transition Summary. This form is for the parent, who can bring it when registering the child for school. There is a section for teacher comments, parent comments, recommendations for supporting the child in Kindergarten, and requires the signature of the director, as well as information about the specific type of support received. This form will be an important tool in aiding the transition from preschool to kindergarten ensuring different professionals are collaborating, engaged with, and attendant to the needs of the child as recommended by research (Janus, Kopechanski, Cameron, and Hughes, 2008).
- The Technical Assistance Record records the purpose of visit, observations, strategies and recommendations, and will ensure that parents know exactly what the TA visit involved, as well as what to do to help their child.

Questions that Remain Unanswered. Future research might seek to explore more deeply the extent to which 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 a program had been eliminated, but it is unclear how many families this might have affected. A number of families either dropped out of the study by the time of the follow-up interviews, and/or were unable to be contacted even at the point of the initial survey administration. Some TA consultants contacted the research team on their own to report that they were unable to contact families—that the family had moved, lost their voucher, or lost their job, but these data are incomplete. Having an effective method to track these families and enter codes into the database for the reasons why they dropped out of the study would allow the research team to more fully account for missing cases/those who did not respond. Future research should explore the issue of child care stability more completely; the data are currently inadequate for determining the extent to which children's care is stable. Teachers and parents move from the child care setting, children "age out" of the child care setting, and a variety of other factors play into the reasons children exit care. It would be useful to explore the reasons for these moves in more detail. Should future survey research be

undertaken, alternative methods of survey distribution should be considered to attempt to improve response rates.

Much of the 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 child care can have an impact on parents' employment experiences. 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 special needs child (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.

Recommendations

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 suggestions.

Ensuring and/or Encouraging Parental Involvement. Because one clear finding from this study was that parents were sometimes unaware of and/or uninvolved with the consultation that concerned their child, our first recommendation is to ensure all parents are not only aware of the consultation occurring, but also, to whatever extent possible, active participants in the consultation. Consultations will be most likely to succeed when the TA consultant, teacher, and parent are all on the same page with regard to the child's situation. In many cases, the TA consultants' suggestions for the teachers will be useful to parents in dealing with their child at home as well. 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., 2000). Starting Point has created two forms (the Transition Summary and Technical Assistance Record), that will be sent home to parents to keep them informed of the special needs consultation their child receives. Having this knowledge might also empower parents to follow-up and find out if the teacher is implementing the suggestions the TA consultant made in the classroom.

Encouraging/Following up on Teacher Implementation of TA consultant Suggestions. Past research has emphasized the importance of following up on 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 SNCC evaluations also indicated that teachers failing to carry out TA consultant suggestions was a barrier to ensuring special needs children's having a successful experience, so teacher carry-through should be given significant attention. One issue related to ensuring that teachers continue to implement TA consultant suggestions is teacher turnover. If 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 special needs knowledge goes with him or her, and a new, potentially untrained teacher replaces that teacher (Helburn & Howes, 1996). To the extent possible, the

center director could be trained along with the teacher so that if the teacher leaves, at least someone at the center continues to have the knowledge. Another possibility is that the TA consultant can provide resources that a new teacher could draw upon in dealing with the particular case(s). Of course, these options are not mutually exclusive; they could all be used to ensure teachers have the resources to deal with particular cases and to address both the child and teacher's needs in the child care setting.

The teacher following up on suggestions is a critical piece to ensuring that children are optimally served. 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, he or she has the opportunity to ensure the child's success (DeHaas-Warner & Pearman, 1996). These researchers have suggested that the lack of consistency in a child's care compromises the child's care, and that this is ultimately an ethical issue that must be addressed.

Educating TA Consultants, Teachers, Directors and Parents About the Special Needs Program Evaluation Component. Examining the low response rate for the study suggests that all adults involved in the Special Needs Consultation should be educated about the essential role of the evaluation in the continuation of a highly valued program. We might ask, to what extent are the TA consultants educating parents, teachers, and center directors about the importance of evaluation, and the essential role parents play in assisting evaluation efforts, or are evaluation efforts considered one more piece of paperwork to be completed? We observed low response rates when mailing surveys directly to parents, but they were not much improved when the procedures changed to allow TA consultants to personally give parents the surveys. The evaluation of the Special Needs Child Care program should be considered an integral piece of the program rather than a separate, "extra" program run by external partners. In future work that might involve TA consultants as assistants in the data collection efforts; it might be worthwhile to have members of the Case Western Reserve University evaluation team conduct a short training on the critical role of evaluation and the important role that TA consultants play in ensuring the success of evaluation efforts. Such training will also have the potential to enhance the relationship between the evaluation team and direct service providers, and the evaluation team could receive valuable feedback to ensure that both the study procedures and paperwork satisfy the needs of both parties.

Conclusions

The Special Needs Child Care Consultation study examined the perspectives of parents whose children had child care center-based TA consultation experiences, TA consultants who delivered the services, the children's teachers and center directors. The data presented here indicated that the TA consultation services in the Special Needs Child Care component are highly valued by parents, teachers, and center directors. Parents commented positively on the program via their responses on to questions posed at baseline (n=99) and follow-up (n=45) (for children with their first TA contact Jan-Sept 2009). Most respondents rated 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 special needs children 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 program for all parties, as well as areas for improvement, including improving parental involvement in the consultations, concerns that are already being addressed by the Special Needs Child Care program. The overall low response rate and small number of complete cases impeded our being able to fully understand the perspectives of *all* adults involved in special needs children's care, but the study nonetheless shed light in general on what 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 needs to be addressed, will help every adult involved in special needs children's cases to do whatever possible to ensure each child's needs are met and to enable them to thrive in their child care situation.

References

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.

Brotherson, M. J., Summers, J. A., Naig, L., Kyzar, K., Friend, A., Epley, P., Gotto, G., & Turnbull, A. (2010). Partnership patterns: Addressing emotional needs in early intervention. *Topics in Early Childhood Special Education, 30*(1), 32-45.

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.

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.

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.

Helburn, S., & Howes, C. (1996). Child care cost and quality. *The Future of Children: Financing Child Care, 6*(2), 62-82

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.

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.

Johnson C.P., Kastner T.A. (2005). Helping families raise children with special health care needs at home. *Pediatrics, 115*(2), 507-11

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.

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.

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.

Turner, J. L. (1998). Children with chronic illness. *Medical Update for Psychiatrists*, *3*(2) 45-48.

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.

APPENDIX

A1. Special Needs Child Care Component Agencies and Resources

The SNCC component is coordinated by Starting Point, Cuyahoga County's child care resource and referral agency. Starting Point, in turn, contracts with seven community agencies that provide training and technical assistance to early care/education programs that provide care for children with special needs. This appendix provides descriptions of Starting Point, the seven contracted agencies, as well as additional sources of support to the component.

Coordinating Agency: Starting Point
Starting Point is the County's child care resource and referral agency. Starting Point services support child care providers, families, and the community-at-large. In terms of Invest in Children, the agency is responsible for developing, coordinating administering, and managing the Special Needs Child Care component. Starting Point oversees and coordinates the work of the community agencies providing direct service to parents and providers. In addition, Starting Point collects the administrative data from each of the contracted agencies and provides this information to the evaluators.

Seven Contracted Community-Based Agencies

The Achievement Centers for Children (ACC): Technical Assistance Program (TAP)
Since 1980 the Technical Assistance Program (TAP) of the Achievement Centers for Children has helped families of children with special needs find child care for children birth through age twelve. TAP's philosophy is that children are more alike than different and that with preparation and support children with special needs can be successfully included in child care centers, family child care homes, and school-age child care programs throughout Cuyahoga County. TAP has helped families not only to find child care but also helped them to learn to advocate for their children and to access appropriate services. A parent is able to feel comfortable knowing that their child care provider has support and training regarding their child's special needs. TAP has helped teachers and child care providers receive the training, on-site consultation, and follow up assistance they need to be able to include children with disabilities into their programs. Providers are able to have access to adaptive toys and equipment and to learn words to use and ways to help other children in the classroom to understand disabilities. TAP Resource Teachers provide community-wide workshops and training programs about the inclusion of children with special needs into child care settings. The Resource Teachers are educated and trained in all aspects of child development, child care programming, inclusion, and have extensive training in working with young children with disabilities. The Early Childhood Initiative of Cuyahoga County currently funds the TAP program.

Applewood Centers
Applewood Centers is one of northeast Ohio's largest and most experienced providers of behavioral healthcare for children, youth and families. Applewood provides technical assistance (TA) and training to child care centers and family child care homes in Cuyahoga County.

Applewood serves children from infancy and early childhood through school-age. Applewood Consultants take referrals for children who display any social, emotional or behavior concerns. Referrals can come for both teachers and parents. In this program, Applewood staff will work with both the teacher and the parent to set up a plan for the child to help them succeed in the program. Consultants also work with child care providers on general issues. We will provide the staff with a variety of activities and strategies for inclusion, to strengthen positive behavior, enhance self-esteem, help children learn self-control and feelings expression, and learn to get along with peers. Parents are provided with resources and referrals if requested.

The program's ultimate goal is to give child care providers the tools to work with children who have social, emotional or behavioral concern. For pre-school children we serve we also work to ensure that children are ready for Kindergarten and we help facilitate that process. Applewood conducts two workshops per year for child care staff, most of which address but are limited to issues related to children with behavior problems, working with parents, and staff stress.

Beech Brook

Beech Brook provided special needs child care services during years three, four and five of Cuyahoga County's Investment in Early Childhood Education and continues to provide those services under the Invest in Children Programming. Beech Brook's TA is available to any child care center, family child care home or before and after school care in the County that has a child exhibiting a social, emotional or behavior concern. TA takes place with the child care provider and also with the child's parents/caregivers if they need services. The duration of TA depends on the needs of the child, provider, and parents, and TA is provided for as long as is necessary to help maintain the child in his/her child care setting. Beech Brook conducted four trainings per year aimed at helping child care providers improve their ability to care for children with social, emotional and behavioral concerns. Beech Brook also provides early intervention services to children three-five and their parents in three homeless shelters. Beech Brook provides services to preschool children in the Cleveland Metropolitan School Districts Early Learning Center. The agency has a full range of services that can further address concerns including family and child-focused therapy for zero-six (and beyond) and CPST community services. Medication evaluation and treatment is available to clients enrolled in Beech Brook early childhood programs.

Berea Children's Home and Family Services

Berea Children's Home and Family Services is dedicated to providing a continuum of mental health and technical assistance services specifically designed for children birth through five. The agency offers intensive technical assistance services and community-wide trainings through our Classroom Intervention Program. Services are provided to the child care providers of infants, toddlers and pre-school age children who are exhibiting moderate to severe challenging behaviors in the child care classroom and/or whose behavior puts them at risk for losing their current child care placement.

The Classroom Intervention Program uses an intensive and comprehensive model, which is designed to maintain children in their child care setting while equipping the classroom teachers and the child's parent(s) with skills and services to maintain long-term school success. The agency Classroom Intervention Program aims to build on existing teacher, child, and parent

strengths, while offering replacement skills for identified challenging behaviors. This program is available to all child care providers throughout Cuyahoga County at no cost to the provider or family.

Cuyahoga County Board of Health (CCBH)
CCBH assists child care providers who care for children with medical needs. TA begins with a Registered Nurse meeting with the parent of a child who will be entering child care. The nurse collects information needed to develop a Nursing Care Plan (NCP) for the child. Once the child is placed in child care, the nurse makes a TA visit to the child care program (center-based or Family Child Care Home) to review the NCP with the providers and provide necessary equipment loans and training. Follow-up TA visits take place as needed. CCBH conducts workshops on subjects related to children with medical conditions.

Hanna Perkins Center (HPC)
HPC operates a therapeutic school for children between the ages of 18 months and seven years. The focus of the school is to provide coaching and support for parents as they gain understanding of the unique needs of their children. It is through this work that HPC developed its model of consultation, which is based on the premise that the inner life of the child must be the basis for meeting the needs of the child. The HPC consultation program serves children with special needs who are enrolled in pre-selected center-based childcare programs. TA consists of providing on-going, long-term assistance to providers and families.

Positive Education Program's Day Care Plus (PEP)
Since 1997, Positive Education Program's (PEP) Day Care Plus program has been providing consultation services and technical assistance to child care providers, and support for families with children experiencing difficulties in the child care setting. Working with staff, parents and all agencies involved, PEP Day Care Plus consultants develop a seamless and effective program for children experiencing social, emotional and behavioral difficulties. The program's ultimate goal is to maintain children successfully in their child care placements.
Day Care Plus has three primary objectives:

- To improve the social, behavioral and emotional functioning of at-risk children in child care;
- To increase the competencies of parents and caregivers of at-risk children in child care; and
- To increase the competencies of childcare staff.
  Day Care Plus provides multiple services to child care centers, Head Start, preschool programs, and family child care homes. Services can include:
- Observation and suggested interventions for preschool children in early care and education settings;
- Modeling, coaching, and classroom support;
- Training sessions and team building (Step Up To Quality approved) for child care staff and families;
- Meeting facilitation; and
- Advocacy, providing referrals, and collaborating with other agencies.

Additional Sources of Support for the SNCC Component

Help Me Grow of Cuyahoga County

Help Me Grow assists Cuyahoga County families with young children under the age of three in a number of ways. The program provides child development and health information, positive parenting education and connections to community resources. Through home visits, Help Me Grow will provide the information, support and encouragement that moms and dads need to help their children develop during the crucial early years of life. For families of children with developmental delays, disabilities or concerns, Help Me Grow gives families access to the services and supports they need in order for their child to achieve optimal growth and development.

Resource Libraries

Two types of libraries were established to supplement the agencies' efforts to support child care providers and families. Each agency has a Resource Lending Library that is available to agency staff, child care providers, and parents. The libraries include books, manuals, videos, and pamphlets on a variety of topics related to children with special needs. In addition, there is a Technical Assistance Equipment Lending Library. This library is currently managed by Starting Point, but the equipment is available for use by all of the agencies. The library has a variety of equipment such as adaptive toys for use by children with limited movement and touch screens for computers that can be used in place of keyboards. There is also a contract with a medical supply equipment company so child care providers can obtain the equipment they need for children with medical needs.

A2. Study Sample Participation: Expected and Actual

Table A2.1 Participation in Study by Date of First TA Contact

First TA contact	n Parents Contacted	n Responded (Full/partial consent)	Response Rate (%)
January 2009	25	14 (10/4)	56
February 2009	36	12 (7/5)	33.3
March 2009	25	10 (6/4)	40
April 2009	25	8 (4/4)	32
May 2009	32	15 (13/2)	47
June 2009	35	9 (8/1)	25.7
July 2009	30	7 (3/4)	23.3
August 2009	35	13 (9/4)	37.1
September 2009	35	11 (9/2)	31.4
Total	278	99 (69/30)	35.6

Note: Parents contacted if: (1) child attended a child care center (not home-based), and (2) if parent gave Starting Point consent for Case to contact them.

Table A2.2 Starting Point: New children served Jan 2009-Sept 2009, by consent status

Month	# of new placed children served		
	Total	With consent*	Without consent
January 2009	54	44	10
February 2009	49	44	5
March 2009	64	55	9
April 2009	54	41	13
May 2009	56	45	11
June 2009	56	51	5
July 2009	58	49	9
August 2009	52	49	3
September 2009	61	51	10
Totals	504	429	75

Parents gave consent for their child's demographics to be included in reports. Of the 429 with consent listed as indicated in the chart above, parents were not included in our sample if they had requested not to be called or contacted by Case for research study participation, had a parent provider, or attended home-based child care.

Table A2.3 Study Timeline

Phase	Dec 08-Mar09	Apr09-Sept09	Oct09-Dec09	Dec09-Jan10	Jan10-Apr10	May10-Jul10	Aug10-Nov10	Nov10-Mar11
Survey Finalized, IRB Approvals								
Baseline Surveys Sent								
Procedure change, new IRB								
Follow-up interviews								
Data Analysis								
Project Write-up								

Table A2.4 Parent Reports Compared with Starting Point Data

# TA Visits	Parent Report (%)	Starting Point (TA) Data (%)
Baseline (n=99)		
1	18.2	38.4
2	12.1	17.2
3	12.1	18.2
4-6	16.2	19.2
7+	13.1	6.1
Unknown	28.3	1.0
Follow-up (n=45)		
1	7.0	35.6
2	18.0	16.6
3	18.0	17.8
4-6	18.0	26.7
7+	18.0	4.4
Unknown	22.0	--
Concern Leading to Consultation		
Developmental	32.3	3.0
Social	50.5	70.7
Environmental	14.0	2.0
Health	28.3	25.3
None	5.1	1.0

Note: Follow-up TA visit counts are for parents who participated in the follow-up interviews (n=45)

Table A2.5 Starting Point Data: Characteristics of Families Who Asked Not to Be Contacted, Study Non-Respondents, and Study Respondents

Starting Point Data	Do not contact (n=49)	Non-respondents (n=178)	Respondents (n=99)
Child Gender (%Male)	65.3	69.1	67.3
Mean Child Age (SD)	4.1 (2.0)	3.7 (1.5)	3.3 (1.7)
Child Ethnicity			
Black	31.9	57.0	47.9
White	21.3	22.1	37.2
Hispanic	12.8	9.3	2.1
Other	0	0.6	10.6
No Answer	34.0	11.0	10.6
Parent Ethnicity			
Black	24.5	49.2	41.4
White	24.5	21.0	36.4
Hispanic	10.2	8.8	2.0
Other	2.0	1.1	3.0
No Answer	38.8	17.1	17.2
Referral Source			
TA Agency or Starting Point	2.0	1.1	1.0
Day care center	81.6	82.7	87.8
Unknown	10.2	3.5	0
Head Start	0	6.9	6.1
Other	2.0	0	2.0
Mean Parent Age (SD)	30.6 (8.9)	30.1 (9.2)	31.7 (8.6)
Parent % Female	93.9	88.9	93.9
Concern Leading to Consultation			
Developmental	0	8.8	3.0
Social	79.6	69.6	70.7
Environmental	14.3	5.5	2.0
Health	6.1	17.1	25.3
None	0	1.7	1.0
TA Agency			
Achievement Centers	14.3	13.8	5.1
Applewood	2.0	2.2	2.0
Beech Brook	12.2	16.6	9.1
Berea Children's Home	4.1	7.2	2.0
Cuyahoga County Board of Health	6.1	16.6	24.2
Hanna Perkins Center	18.4	6.6	6.1
Positive Education Program	42.9	37.0	51.5

Parents who requested that they not be contacted for Case research opportunities were less likely to report being African American/Black, and more likely to have an unknown or unreported ethnicity, less likely to have children with developmental or health concerns,

somewhat more likely to have children with social concerns or environmental concerns as compared to non-respondent or respondent parents. They were also more likely to have been served by Hanna Perkins Center and have an unknown referral source, and less likely to have been served by the Cuyahoga County Board of Health. Parent respondents were somewhat more likely to report being White.

Table A2.6 Expected and Actual Adult Participation--Gender

	Gender		
	Female n actual/n expected	Male n actual/n expected	Total n n actual/n expected
Parents	90/80	9/20	99/100
Teachers	29/95	0/5	29/100
Directors	20/50	1/--	21/50
Technical Assistants	15/50	1/--	15/50
Total Adults	154/275	11/25	165/300 =55%
Total Complete Cases*		22	

*Complete=All adults responded

Table A2.7 Reasons Cases Incomplete by Agency (n=47)

	Reason Cases Incomplete (Missing Surveys)						
TA Agency	*TA Only*	*Teacher Only*	*Director Only*	*TA AND Teacher or Director*	*Teacher and Director*	*TA, Teacher and Director*	*Total (n=47)*
Achievement Centers	*1*	*0*	*0*	*0*	*1*	*0*	*2*
Applewood	*0*	*0*	*0*	*0*	*0*	*2*	*2*
Beech Brook	*0*	*2*	*1*	*0*	*2*	*1*	*6*
Berea Children's Home	*0*	*0*	*0*	*0*	*0*	*1*	*1*
Cuyahoga County Board of Health	*0*	*4*	*1*	*0*	*2*	*2*	*9*
Hanna Perkins Center	*1*	*0*	*0*	*1*	*0*	*3*	*5*
Positive Education Program	*1*	*7*	*5*	*0*	*6*	*3*	*22*
Total	*3*	*13*	*7*	*1*	*11*	*12*	*47*

Note: 69 parents gave full consent, 22 cases are complete, and 47 cases had full consent but were incomplete due to non-return of survey

We gained consent for 25 TA consultants to participate in the study. Fifteen actually participated, returning surveys for 53 children's cases. Six unique TA consultants failed to return surveys despite parents' giving full consent for the TA consultant to report on their child's case, accounting for 16 cases, and four TAs were not eligible for the study (either they had no cases with full consent or they did not have any new cases during the study time period). The breakdown for non-return of surveys (given parents' full consent) is in the table above.

A3. Open-Ended Responses: Parents

Main Reason for Consultation

Medical Concerns

- Asthma was flaring up a lot at home, [medication/management] was needed at daycare
- To ensure the teachers are properly trained in delivery of asthma medication and asthma equipment
- Trouble breathing, not playing, laying around.
- Asthma
- To make sure that my daughter receive[s] the proper medical care for her asthma if she was to have an sudden occurrence, also dealing with my daughter social development as a whole.
- To guarantee everyone is properly trained to handle any emergency situation and to be completely informed on medication administration procedure.
- Asthma medicine administering
- My son has… diabetes and they needed to be shown how to take care of hypoglycemia and hyperglycemia.
- My son's breathing condition
- Asthma interventions needed at school
- Food allergies and use of Epipen.
- Food allergies to peanuts
- My child has RAD [Reactive Airway Disease] which she received alburteral treatment through nebulizer.
- My daughter has very bad asthma and she has got hospitalized admitted a lot for it, and she might be a slow learner.
- Reactive airway symptoms with colds.
- To keep the daycare center/teachers on the same page when dealing with food allergy. Nurse sat down to discuss allergy, specific reaction, and review doctor's note to draft a care plan for teachers.
- Informed center my child had a possible allergic reaction to peanut butter. After test by an allergist my son showed no reaction to peanut butter.
- To help teachers appropriately manage child's severe milk allergy.
- Child care center required me to have a nurse consult with them.
- Care of child in preschool with multiple food allergies-Epipen and/or Benadryl
- For my son's asthma and allergies

Developmental Concerns

- Speech sometimes and don't understand some things and respect questions and he just have a little trouble.
- [Child] has a hard time concentrating on numbers and letters (writing) but she has improved a lot in the past couple months.
- [Child] lost words and had a hard time saying what she needed or wanted and I was afraid she would be behind other children her age and grow [agitated] or depressed.
- My son was not developing with regards to his speech. At age 2 he was not talking.
- Teacher had hard time understanding him, suggested an assessment be done by [the] school.
- He has an articulation delay.
- Speech therapy
- Social and developmental
- Communication, falling when walking.
- My son was acting out and was also having a problem with stuttering.
- Child's speech.
- The main reason was his speech when he talk[s]. I want people and myself to understand what he is saying when he is expressing himself.

Behavioral Concerns

- [Child] was becoming very aggressive and had a lot of anger. He also was fighting his teacher, running away from them in the street, name calling, hitting other peers and always fighting with family.
- Behavior yelling, kicking, not listening
- My child wasn't [acting] like a normal kid she picks things up off the ground and eats it she eat household cleaner, and she is very bad and angry and sets fires.
- Communication issues from his teachers not informing me what events had occurred during my son's aggressive behavior towards other students.
- My child is invalue (sic) with the school system. During summer break he requires services to keep central of his behavior issues and speech disability.
- Address issues surrounding having new sibling and perfectionism personality trait
- His behavioral (sic) in the daycare setting.
- There is a problem we kept having with our son which he kept getting kicked out of school until someone directed us to the right direction.
- To evaluate [child] and determine his ability to multi-task at the same level as other children his age.
- Aggression, hitting, biting
- Difficulty handling frustration/anger, hitting/spitting, deliberate misbehavior to test limits/reactions
- My son behavior start changing, he start[s] getting bad, want to fight, not listen.
- Mood changes that affect behaviors in aggressive manner to depressed to non-compliance to anxiety.
- Feeding off of other children's behavior

- Emotional-behavioral issues, depression, aggression, withdrawal, biting
- Behavioral issues
- My daughter had behavioral issues that were making it difficult for her to learn. She was disruptive to the teacher and other students.
- Social-Emotional Behavioral issues, temper tantrums, violence, can't focus on instruction given for short or long periods of times. Uses physical ways to express emotions, screams or yells when upset.
- Behavior issues, aggression, non compliance, and biting as well. [Child] has problems with his academics, because of his behavior as well.
- His behavior and risky things in classroom.
- His behavior of not wanting to comply with things and the dangerous things he was doing.
- My child's behavior.
- Didn't interact with other children his age.
- Child was hitting other children and being disobedient in class.
- He couldn't sit still in class.
- To suggest a method to handle child's learning behavior as he is very hard on himself when he doesn't get something right the first time or can't remember.
- Child was exhibiting aggressive behavior with other children both inside and outside the day care setting.
- [Child's] behavior! Moody, sad, mean…
- Behavior between [child] and other classmates.
- The main reason is that my child was biting his friends in preschool and we were thinking that is a communication problem.
- [Child] had a bad behavioral issue in the classroom with other. But know it's better and he is doing a [w]hole lot better in school now.
- Behavioral problems, speech problems.
- [Child] was biting, scratching and hitting his classmates. He also ignored teacher's requests.
- Behavior, emotional issues
- Aggression to students/teachers (hitting, kicking, pushing)
- Separation anxiety from parent
- His behavior in the classroom.
- Behavior management
- Child showed limited participation. Concern with willingness to [acc]ept/cope with change.
- My child does not respond when being called, does not interact with classmates (loner).
- Behavior
- My son seems to have no fear, wanders from the group often and would leave classroom, etc. The teacher also felt he was overly friendly w/ strangers.
- The main reason for consultation request was due to aggressive behavior towards teachers and other students.

- My child aggression, stubbornness and bossy to other children. Not listening and challenging authority. She also is emotional-overly!
- Help during class activities/during circle time or any other group time.
- Afraid that her aggressive behavior would get her in severe trouble at school. Afraid someone would get hurt.
- Child's behavior, hitting other children.
- ADHD

Other Concerns/Other Responses

- I am unaware of any consultation
- Don't know
- I am not sure.
- Death in family
- Has been through a lot of trauma.
- [Child] had a tremendous amount of change occur in a short span of time; move, death of family dog and change of classroom.

Open-Ended Responses: Specific Comments on Consultation or "Anything else you would like us to know?"

Positive Feedback

- He is now receiving services he needs.
- [Child] is doing better. He's able to make his own choices
- Since this time he ended up having a seizure, his behavior is really bad now, but the program is still helping him things just had to change due to the seizure.
- Thanks for your concern.
- Yes, if it wasn't for the program child would not be doing better. She also got him involved with the board of education and helped fill out the papers… He is doing much, much better with all this help.
- I found the program to be very helpful.
- I appreciate the willingness of the TA consultant in assisting with me some tools and tips to help my daughter with her aggression, she's dealing with the break-up of her father and myself which is hard for her emotionally.
- Great program hope other children and families take advantage of this.
- 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!
- I believe [my child's] speech has improved from being at [child care facility].
- I feel [TA consultant] was very kind and sympathetic to our situation. I think [TA consultant] was a good help to the teachers and myself in dealing with my son's issues.
- Consultant's techniques really had an impact. The key was alignment with parents and teachers. (consistent approach/consequences)
- I am very glad the school has this done. It made me feel so much more confident sending my son to school knowing that they were taught how to deal with diabetes.

- The help received to help train the staff on correctly taking care of my son was excellent and outstanding
- I can't say enough how wonderful [TA consultant] has been. [TA consultant] is a really caring person and I have always felt very comfortable with [TA consultant]. I truly believe that [TA consultant] genuinely cares about my son.
- 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.

Negative Feedback

- I just need more help with my child and getting a diagnosis for her because I feel something is wrong with her.
- If she had cared it would have been successful.
- I don't feel that [TA Agency] had enough time to work with my child due to the fact that we moved soon after services began, thus being the reason that I can't say if it was effective.
- Will this cost a lot and how soon can we do this and what else I need to do
- 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.
- I was informed that my son would be observed in his school setting in which later I found out the teachers were the only ones being observed. Afterwards I was not informed of the findings, I was not kept up to par with what was going on.
- I would like to meet with person who observed for more detailed information/strategies on how to help my daughter.
- They still questioned what she could or couldn't eat.

Mixed Feedback

- Yes, [TA consultant] was working with [child's school]. The ELI [Ohio Early Learning Initiative] program was no longer funded, which led to the services ending... This little time was helping in areas where I really didn't know what else to do.
- 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.
- The consultant did a good job, but the teachers still were not confident with the knowledge.
- 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.

Miscellaneous Responses

- I would like to meet with person who observed for more detailed information/strategies on how to help my daughter.
- [Child] is a very good child, but do not know how to express is anger correctly or just by telling me or the teacher. Our family has been through a lot.

- I just need more help with my child and getting a diagnosis for her because I feel something is wrong with her.
- My child's speech is his problem. We (me and his teachers) are thinking this is the cause of his behavioral problems, especially his emotions (anger, crying).
- My son has problems with using potty. Plays with his bowel. Doesn't talk well, makes noises.
- Want to be involved with my child in any way to help him develop more in life.
- Yes. My [older] daughter needs counseling!
- I would like my son to go to school for a few more hours than 2 and a half hours for four days out of each week.
- My son[‘s] hours in school has change because of his behavior. He [is in] school from 9am-12pm. He was in school from 9am-5:45pm.
- Will this cost a lot and how soon can we do this and what else I need to do

A4. Parent Survey

CASE WESTERN RESERVE UNIVERSITY est 1826

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***

3. *From your perspective, what was the main reason for the consultation request?* **(PLEASE DESCRIBE)**

_____

_____

4. *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)* _____

5. *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***

6. *Is child's child care provider <u>currently</u> 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 <u>not</u> involved***
   ❑ ***Child care provider is <u>somewhat</u> involved***
   ❑ ***Child care provider is <u>very</u> involved***
   ❑ ***Unknown***

7. *How many consultation visits have been delivered related to <u>this child</u> since the request for service?*

   ❑ ***One*** ❑ ***Two*** ❑ ***Three*** ❑ ***Four to six*** ❑ ***Seven or more*** ❑ ***Unknown***

8. *Is the service completed for <u>this child</u>?* ❑ ***Yes*** ❑ ***No*** ❑ ***Unknown***

9. *How true is each statement about <u>consultation delivered</u> for <u>this child</u>?*

	Strongly Agree	***Agree***	***Disagree***	***Strongly Disagree***	***Don't Know***	***N/A***	
a	❑	❑	❑	❑	❑	❑	The consultant was knowledgeable about the child's special need(s) or type of support needed.
b	❑	❑	❑	❑	❑	❑	The consultant sufficiently followed-up with the parent after the visit.
c	❑	❑	❑	❑	❑	❑	The consultant tried to involve the family in helping the child.
d	❑	❑	❑	❑	❑	❑	The consultation led to the child having better attendance at the center.
e	❑	❑	❑	❑	❑	❑	The consultation increased the confidence of parent in the setting's ability to handle child's special needs.
f	❑	❑	❑	❑	❑	❑	The consultation helped the teacher's ability to interact well with young children.
g	❑	❑	❑	❑	❑	❑	The consultation helped the teacher's ability to handle discipline problems effectively.
h	❑	❑	❑	❑	❑	❑	The consultation helped the teacher's ability to manage this child's needs.
i	❑	❑	❑	❑	❑	❑	The teacher used the information, suggestions and/or equipment the consultant provided.
j	❑	❑	❑	❑	❑	❑	The consultation helped the child participate more in classroom activities.
k	❑	❑	❑	❑	❑	❑	You would recommend consultation to others who work with children.

10. Overall, how successful was (or has been) the consultation for this child?

❑ Very successful ❑ Moderately successful ❑Minimally successful ❑ Not successful

RESPONDENT INFORMATION

11. Your gender: ❑ Male ❑ Female

12. Your age: _____

13. Your race: ❑ African American/Black ❑ Hispanic ❑ White, Non-Hispanic ❑ Other (PLEASE SPECIFY)

14. The highest level of education you have completed:

❑ Less than high school
❑ High school/GED
❑ Some college/post-secondary training
❑ Bachelors degree
❑ Masters degree or more
Degree area _____

15. What is your current position?

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

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

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

17. How long have you worked in your professional field? _____ ❑ Not applicable

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

_____

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

_____

20. How many hours per week is this child in care outside of the home? _____

21. 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

RECOMMENDED CITATION:

Center on Urban Poverty and Community Development. (2011). Cuyahoga County Invest in Children Special Needs Child Care Consultation Study: Final Report . Cleveland, OH: Case Western Reserve University, Mandel School of Applied Social Sciences.

The Report is available in

.PDF format at http://povertycenter.case.edu/ or by contacting:

The Center on Urban Poverty and Community Development

Mandel School of Applied Social Sciences

Case Western Reserve University

10900 Euclid Avenue

Cleveland, OH 44106-7164

(216) 368-3424 voice // (216) 368-5158 fax