



## Resource Article

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Early intervention providers and service coordinators know that parents play a central role in their children's development. As families get started in early intervention, service coordinators reinforce to parents how their active role in early intervention is also important for fostering their child's development. Yet, the field of early intervention has some continued work that is needed to fully progress from a child-centered approach into family-centered practices.

Historically, early intervention was provided as therapeutic services to children in clinical settings using a therapist to child approach or center/classroom-based programs with occasional home visits that also primarily focused on working directly with children. Within these service delivery models, the primary focus is the children, not parents. That is not to say that parents are completely disregarded. Parents may be provided with information related to their child's development and/or given activities to do at home. Although, early intervention

is more family-centered now the child-centered models still continue today.

Mahoney and Wiggers (2007) delineate important reasons to shift from child-centered direct services to family-centered support services. Firstly, the federal legislation that authorizes the provision of early intervention services (Individuals with Disabilities Education Improvement Act of 2004) is based on the ecological theory of child development that postulates that parents are the most critical factor in early childhood development. Second is the rationale that parents have the highest frequency of natural opportunities to promote their child's development. Mahoney and MacDonald (2007) calculated the amount of time and number of interactions that preschool teachers, service providers (e.g., speech language pathologist), and parents interact with children on a one-on-one basis. The researchers estimated that preschool education classes last about 2.5 hours per day, four days per week, for approximately 30 weeks per year. After accounting for various factors such as teacher to

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child ration (2 teachers per 12 children), school breaks, the teacher's time distribution for all students in the class, therapy one-on-one time, and management activities, the amount each adult spent one-on-one with a child per week amounts to the following: 33 minutes for teachers (9,900 discrete interactions), 25 minutes for therapists (7,500 discrete interactions), and 420 minutes (220,000 discrete interactions) for parents. Taking into consideration that parents interact with their children 52 weeks per year, as opposed to about 30 weeks within a school year, parent interaction opportunities are even higher. These data illustrate that parents have substantially more opportunities with their children that can be used to foster development. Lastly, Mahoney, Bouce, Fewell, Spker, & Wheeden (1998) analyzed the developmental outcomes of 637 children from four early intervention research projects. Two project interventions involved professionals working with children and two project interventions focused on parents. The study concluded that the mother's style of interaction with her child significantly related to the child's improvement in development. Additional research findings further provide evidence that parent-child interactions highly influence development, communication, social-emotional well-being, and school readiness.

Many professionals that work with children in early intervention acknowledge the important role that parents play in the development of their child. However, there is a disconnect between recognizing the important role of parents and actively supporting interactions between parents and their children. Sometimes, there is a misconception by administrators and professionals that the implementation of parent-centered practice is more complex than traditional direct services (Warfield,

1995). Sometimes parents report they do not have time, they perceive is necessary, to fully partake in promoting their child's development. In addition, professionals from direct services and/or teachers with instructional backgrounds that provide early intervention services do not have sufficient theoretical or clinical knowledge to confidently work with family systems. Rather, they are trained from practices that emphasize child-directed services. While discipline specific knowledge and experience is essential and necessary, advanced training in family systems and theories of childhood development are also centrally important in family-centered early intervention.

As early intervention providers and service coordinators, from varied disciplines, advance family-centered practices and enhance their capacity to partner with parents to support their children's development it is important to gain insight from related fields of study. This is not to change disciplines, but rather to advance understanding for the benefit of families. For example, social workers are well trained in family systems, theories of childhood development, and mental health and this insight can certainly benefit other early intervention providers and families.

Teaming in early intervention is essential and the service coordinator often plays the role of bringing team members together to support families. As early intervention providers and service coordinators work with families it is important to so in light of family systems theory by truly regarding the child within the family system and respecting the key role parents play in their children's development.

Mahoney, G. & Wiggers, B., (2007). The role of parents in early intervention: Implications for social work. *Children and Schools*, 29(1), 8-15.

# What do the data say?



## What are state models and caseloads for Part C early intervention service coordination?

To help answer this question, Dr. Mary Beth Bruder and colleagues, at the A. J. Pappanikou Center for Excellence in Developmental Disabilities Education, Research and Service at the University of Connecticut conducted a survey of Part C Coordinators ([https://uconnucedd.org/wp-content/uploads/sites/1340/2015/06/service\\_coordination\\_report.pdf](https://uconnucedd.org/wp-content/uploads/sites/1340/2015/06/service_coordination_report.pdf)). The coordinators were invited to participate in a telephone survey consisting of eight open-ended questions about their state service coordination practices. The response rate was a very high 98%, representing 49 states, the District of Columbia, Department of Defense, and the Virgin Islands. Additionally, data about service coordination practices were collected from program websites. To ensure fidelity of information collected, respondents had the opportunity to verify the data collected about their system practices.

Respondents were asked about the model of service coordination used, specifically if they employed a dedicated, blended/dual, combined, or other model. Dedicated was defined as service coordinators delivering only service coordination. The blended/dual model included service coordinators providing both service coordination and direct early intervention services. The combined model included a combination of both dedicated and blended/dual models employed across the system, meaning that some service coordinators only provided service coordination and others provided both service coordination and early intervention service delivery. The other model was included to collect any other variations or models used in the early intervention system. The results of this inquiry revealed the following regarding use of the different service coordination models employed.

SC Model Used	Frequency	Percent
Dedicated	23	44.2%
Blended/Dual	5	9.6%
Combined	24	46.2%
Other	0	0
Total	52	100

These data show that the majority of states use a dedicated or combined (dedicated or blended/dual)

model of service coordination. Of those states employing a combined model the report did not include an indicator of which model (dedicated or blended/dual) was more prominent. Interestingly, the combination of service coordination models employed were identified by the three specifically defined models and the other model was not identified by any of the respondents.

In addition to inquiry about service coordination models respondents were asked about caseloads for service coordination. Specifically respondents were asked, "Do you have a maximum caseload for service coordinators in your state?" The majority of respondents (75%) reported not having an established "maximum caseload" for their service coordinators. Only 11 states indicated having a maximum caseload and for those the maximum service coordination caseload ranged from 10 (n=1) to 60 (n=60). In two states, reporting use of a combined model of service coordination, programs using a blended/dual model of service coordination had service coordination caseloads less than those employing a dedicated service coordination model.

When inquired about typical service coordination caseloads, 34 respondents reported a range of caseloads from 10 to over 60. The breakdown of typical caseloads reported by these 34 respondents is illustrated here. The remaining respondents did not report a typical caseload for their service coordinators or indicated

Typical SC Caseload	Frequency
10-19	4
20-29	4
30-39	5
40-49	5
50-59	6
60+	10

there was variation based upon the specific model used. Another factor raised was the geographical area covered. Service coordinators responsible for urban areas had greater caseloads than those covering rural areas.

Service coordination is a mandated service. Yet, as we see here, it is also quite varied in implementation. This adds to the complexity of this important service for providers and for families and being mindful of this variation is important as service coordinators help families transition between programs.



# Consultation Corner

## National Service Coordination Initiatives—Spring 2019 Summary Sarah Nichols and Maria Kastanis

Over the last two years several national initiatives have launched to help prepare, empower and advance the service coordination (SC) profession under [Part C of Individuals with Disabilities Education Act \(IDEA\)](#). Initiatives include:

- 1) a National SC Training Workgroup;
- 2) a National SC Institute Group which developed two national SC action plans; and
- 3) a newly formed [National SC Community of Practice \(CoP\)](#) within the [Division for Early Childhood \(DEC\)](#).

Included here, we will briefly highlight some of these activities and link you to additional information.

In 2016, a group of professional development specialists, trainers, technical assistant providers and Part C administrators participating in the Early Childhood Professional Development Community of Practice (EI-EC PD CoP) identified a shared interest in service coordination. As a result, a National SC Training Workgroup formed as a subgroup of the EI-EC PD CoP so members could further explore ways to prepare and support service coordinators. More information about the work of the National SC Training Workgroup and how it connects to the EI-EC PD CoP can be found here: [Early Intervention-Early Childhood Professional Development \(EI-EC PD CoP\) Organizational Chart](#).

A primary goal of the National SC Training Workgroup has been to identify and address common challenges experienced by service coordinators regardless of the state they provide services in or the model of service coordination being used (dedicated or blended). As a result, the National SC Training Workgroup partnered with the Early Intervention Training Program (EITP) at

the University of Illinois to host two National SC Webinars. The first was titled: *The Role of Service Coordinators in Building Relationships with Families* and the second was titled: *How Do You Do It? Juggling and Overcoming Service Coordination Challenges*. More than 300 service coordinators from at least 10 states took advantage of these learning and networking opportunities. Numerous resources and follow up activities for service coordinators to complete with the support of their peers and supervisors are available with links to the archived webinars via this link: <http://go.illinois.edu/NationalSCWebinars>.

Another goal of the National SC Training Workgroup has been to elevate service coordination as a profession in early intervention. In 2017, eight states from the National SC Training Workgroup (Illinois, Virginia, Iowa, New Mexico, Colorado, Kentucky, Delaware, and Texas) made a commitment to participate in a National Service Coordination Leadership Institute which was hosted by the [Early Childhood Personnel Center \(ECPC\)](#). Participating states agreed to 1) be members of the National SC Training Workgroup; 2) attend a two day institute in November 2017; and 3) make a minimum of a one year commitment to the national and state action plans that resulted from the Institute. More information about what took place at the 2017 SC Leadership Institute can be found here: [ECPC Leadership Institutes](#).

In preparation for the 2017 National SC Leadership Institute, a national Part C Service Coordination survey was distributed to service coordinators and other stakeholders in the eight participating states. The purpose of the survey was to gain a better understanding of the strengths and

## Consultation Corner (continued)

challenges service coordinators faced as it relates to their work and the implementation of service coordination activities under Part C of IDEA. A summary of what was learned from this survey can be found by clicking here: [Summary of National SC Part C Survey](#). Furthermore, a manuscript titled: [Strengths and Challenges of Service Coordination in Eight States](#) with an in depth analysis of the data was published in the April/June 2019 issue of [Infants and Young Children](#).

In 2018, Connecticut joined the SC Leadership Institute which expanded the group to nine states. Each state continues their commitment to the National SC Training Workgroup, participates in SC Leadership Institute meetings, works on state specific action plans around SC and contributes to the development and implementation of two national SC action plans. Many of the state specific outcomes and goals are focused on *Professional Development* and the *Development of Service Coordination Knowledge and Skills or Competencies for Service Coordinators*. The two national action plans focus on 1) Establishing Recommended Knowledge and Skills for Service Coordinators (RKSSC) and 2) The Identity of Service Coordinators. Currently, the RKSSC are in draft form and have not yet been released to the field. It is important to note that the RKSSC are being cross-walked to SC activities under Part C of IDEA, the [DEC Recommended Practices](#) and the [Mission and Key Principles for Providing Early Intervention Services within Natural Environments](#). They will also be aligned with the new DEC Early Intervention/ Early Childhood Special Education (EI/ECSE) Personnel Preparation Standards that are in development and the [Cross-Disciplinary Competencies](#). More information on how the RKSSC are being developed can be found here: [Recommended Knowledge and Skills for Service Coordinators \(RKSSC\) Infographic](#).

The most notable accomplishment (to date) pertaining to the identity of service coordination is

the Division for Early Childhood (DEC) has established it will be the professional home for service coordinators across the nation. As a result, a National SC Community of Practice has formed within DEC. For more information about the SC CoP visit the [DEC SC CoP page](#) on the DEC website. More information on the activities taking place to support the service coordination identity and our quest to “professionalize” the role can be found here: [Service Coordination \(SC\) Identity Infographic](#).

In summary, there are a number of exciting initiatives happening at the national level to help empower, support and prepare service coordinators. A visual aid that illustrates these SC initiatives can be found here: [National Service Coordination Initiatives Overview](#).

### Reflect for a moment on the following:

1. What resource mentioned in this summary interests you most?
2. Visit at least one of the resource links provided and discuss what you learned with a peer or supervisor.

Consider signing up for the [DEC SC CoP](#) so you can stay connected and updated on national service coordination initiatives and opportunities. Reflect with a peer on what the benefits of this community may be on you and your practices as a service coordinator.

Remember to check out the [National Service Coordination Training Workgroup Webinar Resource page](#) to see if there are additional resources that interest you.

*If you have questions pertaining to this work that cannot be answered by visiting the various links embedded in this article please email Sarah Nichols, Professional Development Specialist at the Early Intervention Training Program (EITP) at the University of Illinois at [snichols@illinoiseittraining.org](mailto:snichols@illinoiseittraining.org)*



## On the WWW

The web link this month is one highlighted in earlier KITs and one that is bursting with critical information and useful resources. It is the Early Childhood Technical Assistance Center (ECTA). The particular link within this treasure trove of information and resources is a link to Service Coordination Under Part C. At this particular page on the ECTA website you'll find information about the requirements of service coordination under Part C on IDEA, pertinent articles and resources

about service coordination, as well as a listing of various training materials about service coordination in early intervention.

Included in the listing of training materials are various state resources and materials. The service coordination page on the ECTA webpage is:

<http://ectacenter.org/topics/scoord/>



## Continuing Education for KIT Readers

The Comprehensive System of Personnel Development (CSPD) is offering a continuing education opportunity for KIT readers.

In line with the focus on **Understanding Service Coordination Essentials**, readers are invited to receive continuing education contact hours for reading the monthly KIT publications (January through May and completing a multiple-choice exam about the content covered in these KITs.

KIT readers will receive the exam for this series in June 2019. There is no need to register for the CEUs. Rather, if you are interested, complete the exam online at [www.edis.army.mil](http://www.edis.army.mil)

Upon successful completion of the exam, you will receive a certificate of non-discipline specific continuing education contact hours.

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*Thank you for your continued interest in the KIT.*

