



Resource Article

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Understanding
Early Intervention Service
Coordination Essentials

Service coordinators often provide support to children with disabilities who are enrolled in child welfare systems. Childhood and maltreatment often coexist in the lives of children with disabilities. On one hand, children who are maltreated are at risk for having disabilities. On the other hand, children with disabilities are at a higher risk of maltreatment due to disability related challenges. It is important that service coordinators understand how to support families receiving assistance from multiple service systems. This is no easy task.

In their article, “Not in the same sandbox: The provision of early intervention and child welfare services” Corr and Santos (2016) describe the lack of systemic support for children with disabilities that experience maltreatment. They also provide ideas for each system to enhance understanding of the different systems and improve services across systems.

Corr and Santos (2017) raise the question of early intervention under enrollment of children with disabilities who are in the child welfare system. Specifically, they

describe how Derrington & Lippitt (2008) estimated an increase in referrals from child welfare systems to early intervention, if the referrals were to actually occur; yet they found increased child welfare service referrals to early intervention did not translate to higher enrollment rates in early intervention. This was attributed to the fact that although referrals to early intervention are legally mandated when a child experiences a substantiated case of abuse, participation early intervention is not mandatory. Also included in the literature review was a study (Lightfoot, Hill, & LaLiberte, 2011) that identified the following obstacles to providing quality systems collaboration: (a) systemic barriers; (b) lack of knowledge to support children with disabilities that experience maltreatment; (c) the need for improved competence of disability maltreatment for both child welfare services and early intervention personnel; and (d) cross-system collaboration.

At times the breakdown to providing early intervention to children with disabilities happens prior to reaching child welfare services. Manders and Stomean (2009, cited in Corr & Santos,

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2017) reported that child protective case workers were uncertain about whether or not to refer children with disabilities to child protective services. Child protective care case workers had difficulty identifying if the manifestation of abuse in question was taking place due to actual abuse or due to the disability of the child (e.g., a child with cerebral palsy with bruising due to atypical motor coordination versus abuse).

Corr and Santos (2016) provide suggestions to improve cross-systems efforts to better support children with disabilities who have experienced maltreatment and, as a result, receive services from both systems:

Shared Priorities: Early intervention and child welfare systems each have different missions and priorities. However, both systems aspire towards a common goal of helping children with disabilities that have experienced maltreatment. This shared priority on both ends, sets the foundation for working together towards a common goal. Optimally, each system should make serving children with disabilities who have experienced maltreatment a priority. This priority would require educating each other about their respective systems.

Meaningful Partnerships: Individuals from both early intervention and child welfare systems have expressed a desire to help children with disabilities that have experienced maltreatment. Two areas to improve partnerships include focusing on timely and appropriate referral procedures between agencies and monitoring early intervention enrollment and participation of families of children who have experienced abuse.

Clearly Defined Roles: Early intervention and child welfare systems agencies are overextended, have different populations, and were not built to meet

all the needs of children with disabilities that have experienced maltreatment. In addition, systemic differences include the voluntary nature of early intervention in contrast to the mandatory nature of child welfare systems. This fundamental difference across programs leads to difficulty understanding each program's role and makes it difficult to effectively work together. Alan et al. (2012, cited in Corr & Santos, 2017) further showed that early intervention practitioners have misconceptions about the work of child welfare systems that in turn impacts their ability to effectively collaborate with child welfare system employees to support young children with disabilities who have experienced maltreatment. Early interventionists should be aware of their views and attitudes towards working with child welfare systems and set misconceptions aside to open the door for collaboration to optimally help children and families.

Mutual Resources: Another barrier to collaboration across systems is lack of time and the lack of dedicated personnel within each system to work with children with disabilities that have experienced maltreatment. This change is suggested for both systems for maximum impact. This challenge is difficult due to financial constraints, but becoming more knowledgeable about how and when to refer a child to each system is a good start.

Although the barriers discussed are challenges to optimal collaboration, the awareness of shared priorities, having meaningful relationships, clearly defining roles, and having mutual resources are starting points for better collaboration of two vastly different systems that share a common goal of helping children with disabilities that have experienced maltreatment.

What do the data say?



What are the training requirements for service coordinators across state early intervention systems?

Service coordination is an important and essential part of early intervention. Yet, as we have explored earlier in this KIT series on service coordination, its implementation varies greatly across state and local early intervention systems. Considering the variation in service coordination implementation, Dr. Mary Beth Bruder and colleagues at the University of Connecticut Center for Excellence in Developmental Disabilities conducted a survey of Part C Early Intervention Coordinators (https://uconncedd.org/wp-content/uploads/sites/1340/2015/06/service_coordination_report.pdf) examining the training requirements of service coordination across state systems. This inquiry was part of the survey research discussed in the previous edition of the EDIS KIT newsletter, where we discussed service coordination caseloads (April 2019, https://www.edis.army.mil/KIT/2019/KIT_April_2019.pdf).

Forty nine Part C coordinators responded to a telephone survey about the training and experience requirements for service coordinators in their early intervention systems. The results showed notable variation in service coordination education and experience requirements, including some state systems requiring no specific training or experience. When inquired about the service coordination training and or experience requirements, having a bachelor's degree was reported at the highest frequency, followed by being of a specific discipline (e.g., social worker), having no specific training/experience, having experience working with children, being a licensed professional, having a high school diploma/GED, and having an associate degree (p. 9). Overall, 69% of the responding states indicated having some required experience and or training, while the remaining states had no specific training or experience requirements.

Regarding the requisite training provided by the early intervention system, the majority of respondents (32 states) indicated that they had no required training for service coordinators before they started the job. Eleven states reported that varied numbers of job specific service coordination training hours were required before fulfilling the role as a service coordinator in their early intervention system. The number of training hours ranged from 10 to over 60 hours, with the most common number of hours being 10-19 hours. The delivery of such training was also varied. Some states provided training via some type of tele-media, others delivered in-person training, and others provided a combination of in-person and tele-media.

With respect to competency measures for service coordinators, 26 of the responding states (50%) reported having no system wide measure to determine mastery of job performance for their service coordinators. Among the 25 states reporting having some type of mastery criteria measurement for service coordination job performance, the measurement methods included achievement of a specific test score, supervisor verification of competence, online tests, and practical performance.

Regardless of the service coordination model used (e.g., dedicated, blended, combined), the role of service coordination on an early intervention team is both important and complex. Accordingly, training to build service coordination competence and mastery seems essential for service coordinators across the early intervention system to provide optimal support and services to the families with whom they work. Increased attention to and exploration of service coordination across early intervention systems is needed to understand the quality practices in place and the next steps for advancing those practices.



Consultation Corner

Service Coordinator Skills and Challenges

Sarah Nichols and Maria Kastanis

Skills of a Service Coordinator

Throughout this KIT series titled Understanding Service Coordination Essentials you have learned a great deal about the role service coordinators fulfill on the early intervention team. Just like a physical therapist contributes expertise to the team around motor development and a speech language pathologist brings expertise on communication development, a service coordinator develops and shares expertise on the early intervention system as a whole. This includes knowledge about federal and state laws, policies and procedures pertaining to early intervention, family rights and procedural safeguards, community-based supports and options for transition, and key principles about the philosophy of early intervention, including how it is different from a medical model.

Crucial to the role of service coordinators is having the ability to build strong and responsive relationships with families and providers alike. On a daily basis, service coordinators partner with families and other team members who come from diverse backgrounds and perspectives. They learn to be flexible, ready and willing to adapt as needed to meet the unique needs of each family they support. Service coordinators are key facilitators on the team, supporting and empowering families to be informed decision makers, and ensuring every step of their journey is understandable and seamless. They do this all while coordinating teaming and collaboration (amongst all team members) throughout every step of a family's early intervention journey from their initial entry to their departure.

As if becoming an expert on early intervention, and building strong collaborative partnerships with families and other team members, wasn't enough there is another important role service coordinators

play on the team, and that is recordkeeping. Documentation is something that all early interventionists are responsible for, and service coordinators are the "master" recordkeeper as they maintain all the documentation associated with a family's journey through early intervention. This includes and is not limited to the reason for referral, the family's priorities, strengths and concerns, parental or guardian consent, evaluations and assessments, eligibility determination, and all components of the Individualized Family Service Plan (IFSP) including levels of development, child and family outcomes, strategies to reach outcomes, resources for support, transition plans and all communication and correspondence that occurs with the family, team members, medical providers, etc. Service coordinators also keep up with fast moving and ever changing deadlines ensuring that the IFSP is monitored regularly and formally every six months. Each of these activities also have timelines associated with them so being organized, efficient and proficient in understanding how, when, and what to prioritize is essential and requires special skills.

The job of service coordination requires extensive knowledge about early intervention and skills to keep abreast of changing demands. While there are many great aspects about being a service coordinator there are also some challenges that come with the associated responsibilities. One seemingly obvious challenge is just how hard it is to find all of these strengths, knowledge and skills in any one person. One service coordinator may have many strengths related to relationships-based practices, teaming and collaboration and knowledge of the early intervention system. While another may feel their greatest strengths are connected to organization skills, keeping track of timelines,

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recordkeeping and facilitating team meetings. In reality, it is very difficult to find any one person that has all of the desired knowledge and skills to fulfill all the duties expected of a service coordinator. In order to overcome challenges, one may experience when taking on the role of service coordination, acknowledge your strengths and areas of need related to the various responsibilities of service coordination.

Reflect for a moment on the knowledge and skills that are required for any one individual to fulfill this role in early intervention. Do you know anyone who can readily and easily check all of them off the list? If you are a service coordinator you may see some of these skills as your strengths and you may recognize other areas where you feel you could use some support. If you are a supervisor, administrator or provider, think about the service coordinators you know and consider their strengths, areas of need and how you may offer to support them in successfully carrying out their duties. Before moving on to our discussion about strategies to overcome service coordination challenges, take a moment now to think about and document your responses to the following questions.

- *The strengths and aspects of service coordination I am good at are:*
- *The aspects of service coordination I struggle with include:*
- *What resources, supports, or people could help me gain the knowledge and skills I need to enhance my role as a service coordinator?*

Overcoming Challenges

In November 2017 a National Service Coordination Leadership Institute was hosted by the Early Childhood Personnel Center (ECPC). In preparation for this Institute, eight participating states conducted a Part C Service Coordination Survey to collect information from service coordinators and

other key stakeholders within their states. The survey gathered information pertaining to the service coordination activities outlined in Part C of the Individuals with Disabilities Education Act (IDEA) and reported challenges or barriers with regards to these activities.

In the spring of 2019, a summary of what was learned from this survey was published in *Infants and Young Children* in an article titled: [Strengths and Challenges of Service Coordination in Eight States](#). Some of the challenges identified through the survey relate to system based challenges such as the number of families served by each service coordinator, compensation, and the need for more professional development. Furthermore, the Infant and Toddlers Coordinators Association (ITCA) Service Coordination Survey Report (January 2019) reported the number of families being served (caseload size) to be a challenge. While service coordinators may have little control over what happens at the system level, it is important to note that there have been recent opportunities for them to voice their concerns, and that people in Part C leadership positions across the states recognize and share their concerns. One of the best ways service coordinators can advocate for changes, as it pertains to challenges they experience, is to use their voice and share their opinions when opportunities present themselves at the local, state, and national levels.

Other challenges reported by service coordinators across the nation were gathered and discussed within the National Service Coordination Webinar titled: [How Do You Do It? Juggling and Overcoming Service Coordination Challenges](#) co-hosted by the National SC Training Workgroup and Early Intervention Training Program at the University of Illinois in October 2018. Approximately 200 participants, representing service coordinators and those who prepare and support service coordinators, from at least 10 states across the nation reported common challenges related to juggling the workload and coordinating and communicating with team members. Many of these

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challenges transcend across states, regardless of service coordination model, and in many ways, they echoed the challenges identified in the 2017 Part C Service Coordination survey.

Challenges reported in connection to juggling the workload included the need to stay organized (through some sort of system to keep track of the work that needs to be one), manage specific timelines, paperwork, etc., all while serving a high number of families with too few hours in the day to do it all. Several strategies were shared within the live webinar including but not limited to setting up multiple calendar reminders, using checklists and spreadsheets to keep track of changing deadlines, scheduling “office days” to keep current with paperwork, identifying priorities with supervisor, asking for help, and practicing self-care.

Challenges reported around communicating and collaborating with team members, which includes families, pertain to connecting with team members who are hard to reach or take a long time to return your calls or messages, connecting with team members through their preferred methods (e.g. text, email, etc.) while adhering to privacy and confidentiality policies, finding qualified providers (especially in rural areas), and working with team members who don’t routinely communicate with one another. Some of the strategies shared by participants in the live webinar include scheduling weekly provider calls, obtaining consent and using email and text to communicate, calling families during scheduled provider appointments, asking families how they would like to receive communication, and letting families know up front that they will be contacted regularly to monitor the IFSP.

It takes a special set of skills to be a service coordinator who serves a large number of families, stays organized, completes required documentation and manages their time, priorities and timelines well. To complete all of these tasks it is essential that a service coordinator has some sort of system in place to keep track of not only the work but the upcoming deadlines as well. Furthermore, communication and

collaboration are activities that a service coordinator has to do on a daily basis. When team members are hard to reach or slow to return phone, it hinders a service coordinator's ability to do his or her job effectively especially when changes to the IFSP are needed and/or when the family needs resources. Communication with team members is a process that needs to be collective and collaborative ensuring that communication is ongoing and frequent.

Knowing this, it is important that service coordinators understand their own strengths and the resources available to support them. Providers can also reflect on their organizational, communication, and teaming skills to find ways to make service coordination responsibilities go a little easier.

Resources & References

ITCA Service Coordination Survey Report, January 2019: <http://www.ideainfanttoddler.org/pdf/2019-Service-Coordination-Survey-Reports.pdf>

Strengths & Challenges of Service Coordination in Eight States: https://journals.lww.com/iycjournal/Abstract/2019/04000/Strengths_and_Challenges_of_Service_Coordination.6.aspx

National Service Coordination Webinar Resources: <http://go.illinois.edu/NationalSCWebinars>
10 Tips for Organizing & Prioritizing (4 Part Series on EI Strategies for Success Blog): <https://veipd.org/earlyintervention/2013/08/02/10-tips-for-organizing-prioritizing-part-i/>

For more information and resources associated with this topic please visit <http://go.illinois.edu/NationalSCWebinars> where you will find an archived recording of the National SC Webinars and associated resources, activities, and guides.

You may also want to visit the EI Strategies for Success Blog and read this four part series titled 10 Tips for Prioritizing and Organizing: <https://veipd.org/earlyintervention/2013/08/02/10-tips-for-organizing-prioritizing-part-i/>.



On the WWW

The IDEA Infant and Toddler Coordinators Association (ITCA) is a not-for-profit association established to “promote mutual assistance, cooperation, and exchange of information and ideas in the administration of Part C and to provide support to state and territory Part C Coordinators” (www.ideainfanttoddler.org/association-information.php).

Included at the ITCA website are varied resources

including key information about IDEA and the implementation of Part C early intervention, association position statements, child count data charts, results of Part C surveys, and links to a webinar series on social emotional development and its link positive outcomes for young children.

Visit the ITCA webpage to explore and learn more.

www.ideainfanttoddler.org



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

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

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are available
online at
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Thank you for your continued interest in the KIT.

