

Recommendations for Improving Services to Infants, Toddlers and Families



Infant/Toddler Task Force

In 2010 a small task force formed to develop recommendations for improving services to infants and toddlers and their families in Wisconsin. After looking at reports and information from multiple sources, reviewing innovations in other states, and drawing from our extensive experience in early childhood services, we developed two priorities and four additional recommendations for communities, policy makers, advocates, and professionals to consider.

The recommendations in this report are intended to generate discussion and consideration for the future. We believe that infant/toddler issues are too often left out of early childhood policy deliberations.

Task Force Members

Dave Edie, task force chair, Wisconsin Council on Children and Families

Therese Ahlers and Lana Nenide, Wisconsin Alliance for Infant Mental Health

Mary Anne Snyder, Celebrate Children Foundation

Lilly Irvin-Vitela, Supporting Families Together Association

Jeanette Paulson, Wisconsin Early Childhood Association

Acknowledgements

This report was produced with support from the Birth to Five Policy Alliance and the Richard and Ethel Herzfeld Foundation.

Introduction and Summary

Research confirms that the first three years of life are critically important for healthy development. According to the National Scientific Council on the Developing Child, early environments and early experiences have an “exceptionally strong” influence on the developing brain.¹ Children who grow up in disadvantaged environments show significant delays in development by the time they are 4 years old, and that gap in development tends to persist throughout childhood.²

Support for Parents

Given our understanding of the importance of the first three years, we need to ensure that our infants and toddlers are getting the nurturing care and exposure to rich language and experiences that help them thrive. Certainly most parents strive to provide loving care and rich interactions to their children. Parenting is a rewarding and challenging task. First-time parents are often overwhelmed by the enormity of parenting. They want and need help and often don't have available and supportive family members.

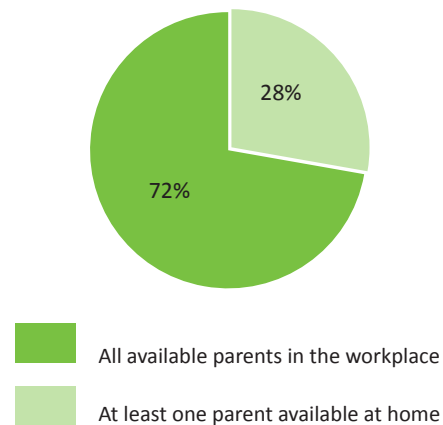
Unfortunately, when parents face obstacles—like poverty, mental health issues, lack of education, or poor parenting models—babies may not develop secure attachments or enjoy rich, sensitive and secure relationships, and thus they may fail to develop to their potential.

Need for Attention to Infants and Toddlers in a Changing World

An increasing percentage of infants and toddlers are *not* being cared for by their parents for large portions of their day. Economic pressures on families have grown, and now 72 percent of children under age 6 in Wisconsin have all available parents in the workforce—nearly doubling in the last 40 years. Many infants and toddlers are cared for by relatives and friends, and an estimated 100,000 are in child care settings. Are their needs being adequately met? Based on studies of the quality of infant /toddler child care, there is room for substantial improvement, and we believe child care providers would welcome assistance and resources.

Infants and toddlers are often the “children left behind” when it comes to public policy discussions and community priorities. We have assumed that very young children are doing fine, and for many years we only paid attention once children were in school. Investments in education

and development per child for Wisconsin infants and toddlers are 7.7 percent of that for school-aged children.³ With the overwhelming evidence that the first three years are critical to development and the growing understanding that investing early prevents the need for much more serious and costly programs, it is time to pay closer attention to infants and toddlers, especially those at risk.



Early Screening

Early physical and developmental screening is foundational to delivering services to infants and toddlers and their families. We are pleased at the growth of early screening in Wisconsin that helps identify strengths and potential delays in child development. Identification of delays in development creates opportunities for early intervention. We did not include early screening as a formal recommendation, with the assumption that early screening is expanding, and will continue toward universal screening.

Top Two Task Force Recommendations

1. Establish a network of infant-toddler consultants
2. Increase child care teacher competency

Additional Recommendations by the Task Force

3. Expand parent engagement
4. Expand access to infant mental health clinical treatment
5. Expand evidence-based home visiting
6. Ensure continuity of care

The rest of this report provides more detail on these recommendations and their rationale as well as recommendations for action.

Recommendation 1: Establish a Network of Infant-Toddler Consultants

What are infant-toddler consultants?

Infant/Toddler (I/T) consultants are professionals with specific training, competencies, and experience able to work with both adults and young children to provide supports and services to promote optimal child development and well-being within a context of a child care setting, home visiting programs, child welfare placements, etc. Networks of infant-toddler consultants are often housed in child care resource and referral agencies or other regional agencies.

“Infant/Toddler Specialist Networks are a relatively new and promising strategy that States and Territories have implemented to improve the quality of child care and support the healthy development of infants and toddlers. Infant/Toddler Specialists provide support to the infant/toddler field through a variety of approaches, which may include coaching and mentoring, consultation, training, train the trainers, and technical assistance.”

-U.S. Department of Human Services, National Infant and Toddler Initiative

Rationale

Professionals who care for infants, toddlers and their families need assistance and support. Wisconsin needs to take a strong step toward developing an effective regionally-based network of infant-toddler consultants. Research shows that:

- Teachers who have access to ongoing mental health consultation are about half as likely to report expelling a preschooler as teachers without such support.
- Child care centers receiving consultation demonstrate increases in teacher-child positive interactions – a strong predictor of child care quality (Arnett Scale of Caregiver Interaction).⁴

- Teachers who have access to ongoing mental health consultation report an increased sense of self-efficacy as shown on the Teacher Opinion Survey.

I/T consultants would help those serving infants and toddlers address challenging issues, and, when necessary, connect them and the families with resources and services in their community. Some of the responsibilities of the consultants would include:

- Provide individualized support that links training to everyday experiences/onsite coaching.
- Assist caregivers in putting knowledge into practice.
- Support administrators to prioritize ongoing professional development related to infants and toddlers.

Recommendations for Action

- Identify key service delivery providers and competencies of participants to involve in regional IT consultant networks.
- Secure funding for a cross-disciplinary Infant Toddler Specialist Network.
- Phase in implementation by:
 - Establishing clear implementation goals and outcomes;
 - Testing the WI Model in at least two-regions over 18 months prior to implementing statewide (select regions through competitive RFP process);
 - Expanding implementation statewide based on best practices learned from evaluation of initial pilot regions; and
 - Upon full implementation identifying primary regional contacts to act as conveners of regional consultants and coordinate statewide efforts to keep cohesive coordinated approaches and maximize regional learning and best practices.
- Provide ongoing professional development opportunities as well as reflective practice to the consultants to sustain gains and prevent burn-out.

Recommendation 2: Increase the Competency of Infant-Toddler Child Care Providers

What is competency for infant-toddler child care providers?

Competency of teachers and family child care providers serving infants and toddlers includes:

- a strong knowledge base in infant-toddler development, including early brain development and its impact on future learning;
- mastery of skills in meeting basic care needs to ensure the health and safety of infants and toddlers, responding to social and emotional needs rooted in high quality relationships, and providing verbal and cognitive stimulation needed to enhance learning;
- an ability to demonstrate skills in communicating in an effective strength-based way with parents; and
- an appropriate disposition for working with very young children, i.e. a warm and nurturing demeanor, sensitive and responsive interactions, and positive attitude.

Rationale

While some argue that experience caring for infants and toddlers is more important than education qualifications in working with children, no credible research shows that *experience alone* predicts quality or positive outcomes for children.

Wisconsin is in a strong position to enhance and expand our existing efforts to enhance competency of this

“Both formal education levels and recent, specialized training in child development have been found quite consistently to be associated with high quality interactions and children’s development in center-based, family day care and even in in-home sitter arrangements.”⁶

- The Current Status of the Wisconsin Child Care Workforce, 2010



workforce. We have educational opportunities available and important elements of a professional development system in place statewide, including:

- an identified set of core competencies;
- a Registry to recognize individual professional development achievements;
- a higher education system with numerous articulation programs to support a career path;
- an Infant Toddler Credential; and
- accessible specialized non-credit training from experts in infant toddler development.

The primary deterrent to Wisconsin child care teachers going back to school for specialized education are the barriers to access, including the cost of education, the time to take courses and balance work and family, and the time, places, and format in which classes are offered.⁵

Additional barriers include our failures to link increased education with increased compensation and to address the work environment needs of this workforce. Research shows that quality programs that offer paid breaks, have job descriptions, have written personnel policies, provide paid leave and financial support for professional development, build in paid planning time, and consistently provide orientation for new staff members have a lower staff turnover rate.

Recommendations for Action

- Increase the numbers of people accessing the Infant-Toddler Credential through enhanced marketing strategies and expansion of T.E.A.C.H. Scholarship Program.
- Increase the numbers of people achieving the Infant Family Associate and Early Childhood Mental Health Endorsement, which provides a comparable knowledge base to the infant/toddler credential but is accessible to a wider range of professionals, including home visitors, infant-toddler consultants, and other specialists.
- Provide both credit and non-credit opportunities for infant toddler teachers and providers in the Pyramid

Model of Social Emotional Development, and provide support for implementation of pyramid model strategies including on-site coaching and “program behavior supports” to those children in need of intervention. The Pyramid Model provides a tiered framework of evidence-based interventions for promoting social, emotional, and behavioral development of young children.

- Provide both credit and non-credit opportunities for infant toddler teachers and providers in the Wisconsin Model Early Learning Standards, and provide supports for implementation of those standards.
- Address the work environment needs of infant toddler teachers and providers by including work environment standards in the YoungStar quality rating and improvement system.
- Promote financial incentives to enhance the compensation of infant toddler providers, to include expansion of the state child care compensation initiative, R.E.W.A.R.D.TM Wisconsin, increased Wisconsin Shares payment levels so more providers will serve low-income infants and toddlers, and greater private sector investments to improve the quality of infant-toddler care.



Recommendation 3: Parent Engagement

What is parent engagement?

Parent engagement is any activity or support that increases family involvement and responsibility for their child's healthy development.

Rationale

Parents and families are by far the most influential of those who impact infant-toddler development.⁷ Nurturing, warm, and responsive parent-child relationships and parent involvement in child-centered activities are highly correlated with positive learning outcomes in early childhood.⁸ Positive parenting and fewer life stresses in the home facilitate optimal social and emotional development and reduce child maltreatment.

“Without family involvement, intervention is likely to be unsuccessful, and what few effects that are achieved are likely to disappear once the intervention is discontinued.”⁹

- Renowned child development scholar Urie Bronfenbrenner

Recommendations for Action

1. Support parent engagement

Wisconsin should develop and implement evidence-informed strategies to support parent engagement, improve the child-parent relationship, provide anticipatory guidance on supporting healthy development, and mitigate the effects of poverty. Providers across systems need to engage parents in the range of settings that parents frequent, including:

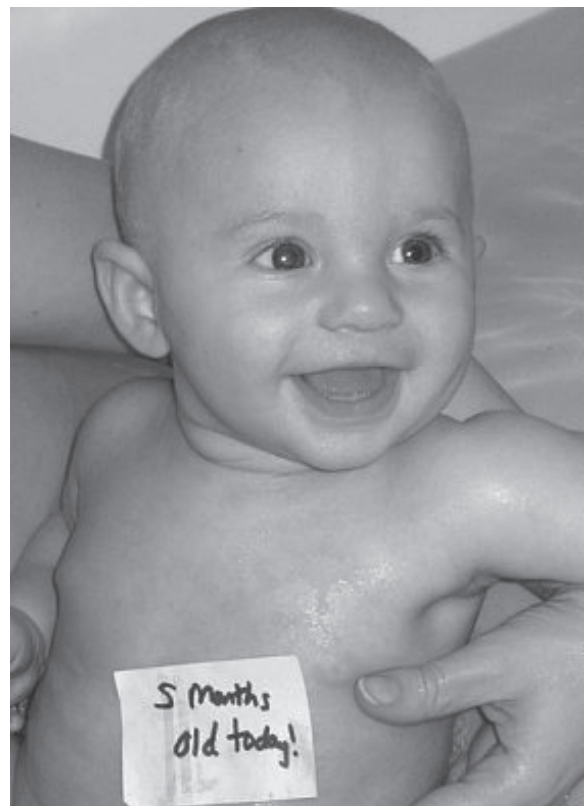
- homes of birth, foster, kinship and adoptive parents; early care and education settings, like child care,
- Early Head Start; family resource centers and networks; and

- health services settings, including family practice and pediatric settings, community health centers, and WIC centers.

2. Targeted Support to Families

Wisconsin should support the following programs and services to engage pregnant and parenting teens as well as parents experiencing multiple challenges. In addition to enhancing infant-toddler development, engagement strategies that mitigate social isolation and stress can help prevent child abuse and neglect include:

- Maternal depression screening
- Home visiting
- Group-based education programs on parenting, adult communication and problem solving
- Parent-child interaction play groups
- Community Response Programs to support families reported for child abuse and neglect and screened out or case closed
- Family team meetings
- Respite care
- Comprehensive assessment of economic need and benefit eligibility
- Financial literacy education
- Linkages to available support services



Recommendation 4: Expand Access to Infant and Early Childhood Mental Health Treatment

What Is Infant and Early Childhood Mental Health?

Infant and early childhood mental health is a child's ability to experience, regulate and express emotions, to form close and secure interpersonal relationships, and to explore his or her environment and learn. Infant and early childhood mental health is synonymous with social and emotional development and is formed within the context of the child's relationships.¹⁰ It involves skills and attributes such as self-confidence, motivation, curiosity, persistence and self-control which affect growth, trust and future learning.

Rationale

Research from the field of infant and early childhood mental health confirms that a child's emotional development is the basis for all later development. It sets the stage for relationships and readiness to learn. Children who do not attain basic social and emotional milestones do not do well in school and are at higher risk for learning and behavioral problems and juvenile delinquency.¹¹ There is a need for professionals across disciplines to support the social and emotional development of infants and toddlers and to intervene early when mental health issues are present.

“Given the substantial short- and long-term risks that accompany early mental health impairments, the incapacity of many early childhood programs to address these concerns and the shortage of early childhood professionals with mental health expertise are urgent problems.”

- National Research Council, *From Neurons to Neighborhoods: The Science of Early Childhood Development*.

Emotional and developmental disorders: Emotional and developmental disorders can occur in children irrespective of parenting practices, socioeconomic status, health care, or family support. The research tells us that when these disorders occur, regardless of their source, their effects can be at least ameliorated with timely and effective interventions. Such interventions increase a child's chances for better developmental outcomes, and this in turn requires that parents and communities have pertinent knowledge

about the emotional development of children and ready access to resources when the need arises.

Lack of access to clinical mental health treatment: It is difficult to access infant and early childhood *clinical* mental health treatment services within the current delivery system. A number of barriers exist, including the lack of developmentally appropriate regulations and a lack of qualified providers. Although a number of Medicaid mental health benefits exist for children, often the rules regarding the services do not neatly apply to infants and young children.

The applicable rules regarding intensive in-home services for children do not lend themselves to infants and young children and should be revised to adequately serve our youngest children and their families. Best practices indicate infant and early childhood mental health services should be provided in the context of natural environments when possible. Intensive in-home services must be accessed through Health Check Other via a prior authorization. Children under the age of 5 do experience mental health issues; however, it is difficult for young children to meet the criteria for serious emotional disturbance.

Infants and young children can also be referred to outpatient mental health services. The drawback with this benefit is the inability to provide services in any location other than an office. Often a young child may do well responding to services in a home environment, but struggle in another location like an office.

Recommendations for Action

1. Change Medicaid eligibility for our youngest children

Special provisions for infants and young children could be made to qualify for Medicaid in-home services. The provisions need to account for developmental needs of the youngest citizens of Wisconsin and their families.

2. Implement an infant mental health endorsement system

Endorsement in Infant and Early Childhood Mental Health is a verifiable process that recognizes the knowledge and training among professionals across disciplines. The endorsement is not a license or certification, but instead is an overlay onto a person's professional credentials that recognizes knowledge and training in the area of infant and

early childhood mental health. The endorsement is relevant for child care professionals, home visitors, medical providers, child welfare staff, mental health clinicians, policymakers, and researchers.

- 3. Support infant mental health curriculum in higher education institutions:** Although Wisconsin has many masters level prepared mental health clinicians, the state lacks clinicians specifically trained to work with infants, toddlers and their families. In 2010, the University of Wisconsin launched a 13 month post graduate certificate program focused on preparing professionals from across disciplines on supporting healthy social and emotional competence of infants and young children. Wisconsin children and families would benefit from steady progress in making infant mental health promotion and clinical curriculum available across Wisconsin's higher education institutions.

Recommendation 5: Expand Evidence-Based Home Visiting

What is home visiting?

Home visiting is a long-standing prevention strategy used by states and communities to improve the health and well-being of women, children, and families. Successful home visiting programs provide services to families from the prenatal period to age 3, with some continuing through kindergarten entry. Evidence-based home visiting programs are intensive and comprehensive and meet a set of high-quality standards. Home visiting programs aim to equip parents with the tools and know-how to apply proven child development practices so that they can be their child's best resources and advocates, and they play a key role in referring parents to other community resource and services.

Wisconsin has a wide range of home visiting programs. From data collected by the University of Wisconsin Extension, there were at least 85 agencies providing home visiting services in 43 counties in 2010, with rapid growth over the last 15 years. Home visiting models in Wisconsin include:

- Parents as Teachers, the most prominent program in the state
- Early Head Start/Head Start
- Nurse-Family Partnership
- Healthy Families America
- Home Instruction for Parents of Preschool

- Youngsters (HIPPY), and
- Parent-Child Home Program.

Rationale

Research has shown that effective home visiting programs have significant benefits, including:¹²

- They are effective in strengthening parent-child relationships and improving child development and early learning, particularly when targeted to children where risk factors are present, including children with disabilities.
- Mothers receiving home visitation are more likely to deliver healthy babies, and their children are less likely to become involved with child welfare and juvenile justice systems.
- Evidence-based home visiting programs are proven to produce positive outcomes that, over time, yield returns on taxpayer investments of up to \$5.70 per dollar spent.¹³

“Intensive family support through home visiting by skilled personnel can produce benefits for children and parents, especially when it is targeted to families at particular risk.”

-Harvard Center on the Developing Child, *A Science-Based Framework for Early Childhood Policy*

Recommendations for Action

Wisconsin should expand voluntary evidence-based home visiting programs to help new parents and parents with very young children enhance their children's healthy development and early learning.

Recently, federal funds have provided Wisconsin with an opportunity to develop operative high-quality home visiting services and to replicate effective models across the state. Wisconsin should use the federal funding as a building block toward implementing a system of high-

quality home visiting across the state, including the following key features of an effective system:

- strong quality standards;
- a professional development network, including training and technical assistance;
- efficient governance and financing; and
- accountability and evaluation for continuous quality improvement.

Recommendation 6: Ensure Continuity of Care

What is continuity of care?

“The concept of continuity of care refers to the policy of assigning a primary infant care teacher to an infant at the time of enrollment in a child care program and continuing this relationship until the child is three years old or leaves the program.”¹⁴ Standard in most European countries, continuity of care emphasizes close, secure relationships between a child and a teacher/caregiver. It is beneficial to a child’s development and well-being.

Rationale

Noted child development experts like Dr. T. Berry Brazelton and Dr. Greenspan believe that an ongoing, consistent, and nurturing relationship is one of “the irreducible needs of children”. It is particularly important for infants to have stable relationships because they are in the beginning stages of developing trust and sense of self. It is very disruptive for an infant to be moved in and out of a classroom or program, ending the relationship with a teacher or caregiver. Such a move feels confusing, scary and is often perceived by a young child as a punishment. It is most important to continue the relationship between the child and the primary teacher/caregiver, but it is also very beneficial for an infant to develop long-lasting relationships with her/his peers.

Continuity of care is more easily achieved within family child care, but it needs to become a standard of care for our youngest citizens. Current Wisconsin Administrative code does not require that a child care teacher stays with a child for a number of years. However, HFS 46.02 states that “an infant or toddler should be assigned to an area with a regularly assigned child care worker”. Wisconsin Shares eligibility policies may often have the unintentional consequence of moving children in and out of child care settings because of changes in a parent’s employment, income, or family situation.

“When very young children transition from room to room according to pre-determined developmental stages or ages, they can experience high levels of distress. A study of children aged six- to thirty-months in child care centers found that when the children experienced fewer changes in those who cared for them in a day and longer stretches with their primary caretaker, they were less likely to exhibit behavior problems in child care.”

-Center for Law and Social Policy, Charting Progress for Babies in Child Care

Recommendations for Action

- Educate parents and professionals about the importance of continuity of care (importance of stable, continuous relationships, particularly early in life).
- Promote buy-in from professionals, parents, advocates, policy makers on the importance of continuity of care
- Strengthen licensing/regulation rules to promote continuity of care for children under the age of 3. Several states have made regulatory changes to promote continuity of care.
- Examine subsidy eligibility rules and procedures to promote greater continuity of care for infants and toddlers served. Several states have adjusted subsidy procedures to reduce lack of continuity for very young children.
 - Address and promote continuity of care in the YoungStar quality standards for child care programs
 - Provide financial support and technical assistance to centers trying to implement continuity of care.

End Notes

- ¹ National Scientific Council on the Developing Child (2007). *The timing and quality of early experiences combine to shape brain architecture*. <http://developingchild.net/pubs/wp-abstracts/wp5.html>
- ² Frank Porter Graham Child Development Center, (1999). Early Learning, later success: the Abecedarian Study. <http://www.fpg.unc.edu/~abc/ells-04.pdf>
- ³ Voices for America's Children, *Early Learning Left Out* 3rd edition. (2010) <http://www.voices.org/wp-content/uploads/2010/11/ELLO.pdf>
- ⁴ Gilliam, W. (2005). Prekindergarteners left behind: Expulsion rates in state prekindergarten systems.
- ⁵ Johnston, K. (2007). Transforming Formative Relationships: The promise of Mental Health Consultation (presentation)
- ⁶ *The Current Status of Wisconsin's Child Care Workforce*, Wisconsin Early Childhood Association and Wisconsin Council on Children and Families, fall 2010. http://www.wccf.org/pdf/pathways_three_child-care_workforce.pdf
- ⁷ PEDIATRICS Vol. 104 No. 1 Supplement July 1999, pp. 164-167
- ⁸ Reynolds & Robertson, January 2003 issue of *Child Development*
- ⁹ Urie Bronfenbrenner, *Is Early Intervention Effective?*, 1974
- ¹⁰ Zero to Three Infant Mental Health Task Force (2003). "What is Infant Mental Health?" Available online at: <http://www.zerotothree.org/imh/definition.html>
- ¹¹ Shonkoff, J.P. & Phillips, D.A. (eds) (2000), *From Neurons to Neighborhoods: The Science of Early Childhood Development*, National Academy Press, Washington, D.C
- ¹² PEW Center on the States, policy brief, *The Case for Home Visiting: Strong Families Start with a Solid Foundation*, May 2010. http://www.pewcenteronthestates.org/uploadedFiles/Mom_brief_Web_final.pdf
- ¹³ PEW Center on the States, home visiting website: http://www.pewcenteronthestates.org/uploadedFiles/Mom_brief_Web_final.pdf
- ¹⁴ J.R. Lally & S.M. Signer, *Continuity of Care*, <http://www.childcarecouncilofky.com/Common/Documents/Continuity%20of%20Care.pdf>



Key Resources Informing the Task Force

Shonkoff, J.P., and Phillips, D.A. (2000). *From Neurons to Neighborhoods: The science of early childhood development*. New York: National Academy Press.

The timing and quality of early experiences combine to shape brain architecture, National Scientific Council on the Developing Child, 2007. http://www.ecdgroup.com/docs/lib_005471954.pdf

A Tool Using Data to Inform a State Infant/Toddler Care Agenda, Center for Law and Social Policy, March 2010. <http://www.clasp.org/babiesinchildcare/publications?id=0004>

Infants and Toddlers: Crucial Years of Development, Wisconsin Council on Children and Families, and the Wisconsin Alliance for Infant Mental Health, May 2010. http://www.wccf.org/pdf/great_start_5_infants_toddlers.pdf

Inspiring Innovation: Creative State Financing Structures for Infant-Toddler Services, ZERO TO THREE and the Ounce of Prevention Fund, 2009. http://main.zerotothree.org/site/DocServer/Ounce_brief_Oct6B.pdf?docID=9642

Unmet Needs Project: A Research, Coalition Building, and Policy Initiative on the Unmet Needs of Infants, Toddlers, and Families, University of Illinois at Chicago- Department of Disability and Human Development and Erikson Institute. May 2002. <http://www.state.il.us/agency/icdd/communicating/pdf/Unmet%20Needs%20Final%20Report.pdf>

Secure Attachment. Ounce of Prevention Fund, 2008. http://www.ounceofprevention.org/includes/tiny_mce/plugins/filemanager/files/Secure%20Attachment.pdf

Meaningful Experiences in the Every-day Experience of Young American Children, Hart, B. & Risley, T.R. 1995, Baltimore, MD: Paul H. Brookes Publishing Co., Inc.

Zero to Three Infant Mental Health Task Force (2003). "What is Infant Mental Health?" Available online at: <http://www.zerotothree.org/imh/definition.html>.

PEW Center on the States, policy brief, *The Case for Home Visiting: Strong Families Start with a Solid Foundation*, May 2010. http://www.pewcenteronthestates.org/uploadedFiles/Mom_brief_Web_final.pdf

J.R. Lally & S.M. Signer, *Continuity of Care*, <http://www.childcarecouncilofky.com/Common/Documents/Continuity%20of%20Care.pdf>