

BUILDING A STRONG INFANT-TODDLER WORKFORCE

The past 2 decades have been marked by an explosion of knowledge about early development. We now know that high-quality experiences in the first years of life set the stage for healthy development, school readiness, academic success, and more productive lives.¹ Research shows that all domains of development—social, emotional, intellectual, language, and physical—are interdependent and work together to promote a child's overall health and well-being.²

To ensure healthy children, strong families, and positive early learning experiences, professionals in a wide variety of roles and settings must respond to the needs of infants and toddlers in partnership with families and within the context of each child's culture, ethnicity, and primary language. This work requires a level of specialized knowledge and skill that is unique to the developmental needs of these early foundational years, as well as collaboration among practitioners.

Strengthening systems that support professional development is a critical task for the early childhood field. While all states are in the process of designing and implementing these systems, none of them are adequately funded, most have components missing, and some only minimally include the infant-toddler

workforce. No state has fully formed a coordinated, cross-sector system of professional preparation and development for practitioners who work with children from birth to age 8—the full developmental spectrum of early childhood.³

We must create and sustain an integrated professional development system that:

- Fully incorporates infant-toddler workforce preparation and ongoing professional development based on widely accepted, evidence-based competencies
- Is aligned with and articulates into college degree programs
- Includes alternative pathways to credentials
- Connects the various service delivery program types
- Provides appropriate compensation

Federal and state policymakers must support cross-sector workforce initiatives and invest in comprehensive, integrated early childhood professional development systems to ensure that our youngest children and their families have the opportunity to reach their potential.

FAST FACTS

● Compensation for infant-toddler professionals varies widely. While pediatricians have a mean wage of over \$81 per hour—still low relative to other medical specialties—and registered nurses earn over \$33 per hour, child and family social workers make under **\$22** per hour. Out of 819 occupations surveyed by the U.S. Bureau of Labor Statistics, only 18 have lower average wages than child care workers, whose mean wage is only **\$10.25** per hour.⁴

● Staff turnover in the infant-toddler field is typically higher than average. It exceeds **28%** for child care workers and program administrators, compared to a mean of 24% for all occupations.⁵

● Rates of depression and trauma in families have been on the rise. Children under 3 years have the highest rate of victimization, with infants and toddlers accounting for over **27%** of all child maltreatment victims.⁶ Yet an analysis of state child welfare program improvement plans found that only **15** states identified cross-sector training on mental health as a major part of their plans, with only one state reporting the need for specific training of child welfare workers.⁷



Professional Development: The Policy Context

Historically, our policies and service systems have not adequately met the needs of the growing early childhood workforce, particularly those professionals working with infants and toddlers. The growing emphasis at the federal level on a more systemic, integrated approach to human development and education “from cradle to career” holds promise. Labor economists have joined forces with child development experts to drive home the substantial societal benefits of investing in early intervention.⁸ Quality improvement—with a major focus on workforce development—has ascended to the national agenda. In 2008, Congress reauthorized the Higher Education Act of 1965 and included a

program to provide competitive grants to states for early childhood professional development systems.⁹ Federal support for workforce system-building has also come from funding available to all states through the Maternal and Child Health Bureau’s Early Childhood Comprehensive Systems grants and the Administration for Children and Families’ grants for State Advisory Councils on Early Childhood Education and Care.¹⁰ Many states have taken up the challenge, designing and implementing professional development systems that include access to training opportunities, core competencies and credentials, career pathways, and financial incentives.

Who are Infant-Toddler Professionals?

Those who work with infants, toddlers, and their families span a variety of program and service settings, professional disciplines, and roles. An extensive list of cross-sector work roles has emerged from ZERO TO THREE’s Best Start LA Workforce Development Project funded by First 5 LA:

- Early care and education
- Early intervention
- Mental health
- Physical health
- Social services/child welfare¹¹



These professionals work in many settings across sectors, including home- and center-based child care programs, Early Head Start, early intervention, home visiting programs, health clinics, colleges and universities, and the courts. They serve as educators, social workers, therapists, nurses, pediatricians, and family support workers. The workforce includes individuals working directly with young children and their families as well as those working on behalf of children and families in training, consultation, administrative, and oversight roles. However, much of the existing research that informs workforce development policy has been limited to a focus on teachers of preschoolers in center-based programs. The infant-toddler workforce encompasses professionals across a much broader range of services, disciplines, and roles.



Defining an Early Childhood Professional Development System That Includes the Infant-Toddler Workforce

The multidisciplinary nature of the infant-toddler workforce poses unique challenges to system-building. Cross-sector models of professional development are still embryonic. One pioneer is ZERO TO THREE's Best Start LA Workforce Development Project, which identifies the core competencies to support providers (for prenatal through age 3 years) across the five service sectors and links them to preparation and ongoing learning.¹² Nonetheless, a foundation for building systems that include infant-toddler practitioners may be found in the work already underway by organizations and agencies whose focus is early care and education, including the National Association for the Education of Young Children (NAEYC), the National Professional Development Center on Inclusion (NPDCI), and the National Child Care Information and Technical Assistance Center.¹³ Many of the issues facing infant-toddler professionals are common across the entire early childhood workforce.

NPDCI defines professional development in the early childhood field as “facilitated teaching and learning experiences that are designed to support the acquisition of professional knowledge, skills, and dispositions, as well as the application of this knowledge to practice.”¹⁴ A cross-sector model that includes agencies, organizations, higher education, and families, the NPDCI professional development framework¹⁵ outlines:

- **Who is receiving professional development:** The characteristics and contexts of the learners and the children and families they serve
- **What professionals should know and be able to do:** The content, to be learned or acquired, that is typically defined by professional competencies, standards, and credentials
- **How the information will be conveyed:** The approaches, models, and methods used to support learning that is highly relevant to practice

NAEYC defines an integrated early childhood professional development system as “a comprehensive system of preparation and ongoing development and support for all early childhood education professionals working with and on behalf of young children” from birth to age 8 and their families.¹⁶ NAEYC has developed a policy blueprint for state systems of professional development that highlights four principles and six policy areas. The four principles for policymaking are:¹⁷

- Integration
- Quality assurance
- Diversity, inclusion, and access
- Compensation parity

The six essential policy areas to address are:¹⁸

- **Professional standards:** The content of professional preparation and ongoing development
- **Career pathways:** Routes of continuous progress, which allow practitioners to plot a professional course that includes increased qualifications and appropriate compensation
- **Articulation:** The transfer of credentials, courses, credits, degrees, and performance-based competencies from one program or institution to another, ideally without a loss of credits
- **Advisory structure:** The coordination mechanism for an integrated early childhood professional development system
- **Data:** Workforce and professional development information collected to inform planning, evaluation, quality assurance, and accountability
- **Financing:** The funding that all professional development systems need in order to operate



Profiles in Professional Development

Marie is a teacher in Little Gems Early Learning Center, a high-quality child care center. She has an associate's degree in early childhood and earns \$14,000 per year, which is lower than the federal poverty level of \$18,310 for a family of 3.¹⁹ She does not have employer-sponsored health insurance or a pension plan. Her two children qualify for free and reduced lunch at school and for the federal Children's Health Insurance Program. She loves her job as a professional with babies, toddlers, and their families and feels she is making a difference in their lives. She would like to go back to school to get a bachelor's degree but can't afford to do it. The center cannot increase employee wages without raising parent fees. After 5 years there, she is seriously considering changing careers so she can better support her own family.

Policy Recommendations

1. Ensure that all those who work with very young children have mastered the body of core knowledge and competencies specifically related to infants and toddlers. The first 3 years of life are a critical time in human development. Early experiences actually mold the architecture of the brain, building capacity to learn and grow—cognitively, emotionally, and socially. Infants and toddlers develop primarily through relationships with family members and caregivers in the context of their communities and cultures. All those who work with very young children need education and ongoing professional development on relationships with families, cultural competence, infant-toddler development, and inclusion of children with special needs, including infants and toddlers whose development is at risk because of socio-economic and environmental conditions. States should expand and refine their core knowledge and competencies so that they articulate the full range of the needs of infants and toddlers and the required content and skills of the practitioners—across sectors—who work with them.

Context

To nurture the skills needed for success later in life, infant-toddler professionals need in-depth knowledge of all domains of development—social, emotional, intellectual, language, and physical. At least 36 states have developed early care and education core knowledge and competencies, which define the content and skills that adults working with very young children need to support their development and learning.²⁰ However, only a few—including Colorado and Illinois—cover the prenatal period. And a number of states do not identify ages, only making references to infants and toddlers in competencies for those working with a broader age range.²¹ Moreover, with the exception of a few states, such as New Hampshire, California, and Oregon, most states do not include dedicated competency areas for young children with special needs, and only 17 states have adopted early childhood mental health competencies. Integrating a broad array of competencies²² into various professional development opportunities helps ensure that professionals have a foundation of knowledge and relationship-based skills to support the development of infants and toddlers.



2.

Professional development of the infant-toddler workforce should support practitioners in addressing the ethnic, racial, and linguistic diversity of the families they serve and prepare them for culturally competent and sensitive practice. Professionals who reflect families' cultures and can speak their home languages foster connections and continuity between the home and other settings. Institutions of higher education should diversify their faculty; require increased faculty expertise in working with diverse communities; integrate diversity issues into all coursework; and offer courses in English as a Second Language (ESL) as well as student practica in diverse settings. Individuals of diverse racial, ethnic, and linguistic backgrounds should be recruited and supported to work with infants, toddlers, and their families.

Context

As the racial, ethnic, and linguistic diversity of our nation's youngest children increases, the cultural competence of the infant-toddler workforce becomes ever more important. Today, children of immigrants comprise almost a quarter of the 12 million children between birth and age 6 who are receiving care and education services from adults other than their parents.²³ Many organizations across the spectrum of services that support young children and families have fully embraced the principle that professionals must respect families' diverse cultural practices and languages and develop the skills necessary for working effectively across cultures.²⁴ However, in early care and education, the workforce is composed predominantly of White women in their late 30s and early 40s.²⁵ A similar ethnic profile characterizes the faculty of early childhood teacher preparation programs.²⁶ Recent studies of diversity requirements in bachelor's-level early childhood teacher education programs across the country have shown that the majority of programs require limited coursework on diversity issues and only 7% require students to teach in a diverse setting.²⁷



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3.

Promote infant-toddler coursework at all levels of higher education institutions; articulation agreements for the transfer of credits, courses, and degrees; and evidence-based in-service professional development. Formal preparation of the infant-toddler workforce occurs in institutions of higher education at the undergraduate, graduate, and—in some specialties—the postgraduate levels. All degree programs should be encouraged to offer required and elective coursework and field experiences related to working with infants, toddlers, and their families. States should foster the development of articulation agreements among higher education institutions, and the federal government should support research on professional development models and programs—including mentoring, intensive coaching, and clinical training—that show potential for changing practice.

Context

As we seek better outcomes for young children, higher education and ongoing professional development for infant-toddler practitioners are the subject of increasing scrutiny. Much of the available ongoing professional development—dominated by single sessions or workshops—has been shown to be ineffective.²⁸ The scientific evidence from other workforce sectors is driving early childhood researchers to explore how professional development is delivered and what it takes to translate knowledge into better practice. On-site mentoring and coaching, communities of practice and other forms of workplace support, and more careful attention to the ways adults learn are among the variables that researchers are examining. The policies and practices of higher education institutions present other challenges to effective preparation. Associate's programs, for example, are more likely than bachelor's programs to require one course or more in infant-toddler care. Transfer and articulation of credits to 4-year colleges and universities can be difficult, thwarting students who begin their preparation in community colleges. Practitioners in the mental health sector often find that, although the clinical specialty of early childhood mental health has existed for 3 decades, few clinical training programs offer it.



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4.

Establish state infant-toddler credentials across service sectors that formally recognize an individual's qualifications for working with children under 3 years. These credentials certify that the holder has specialized knowledge, skills, and professional achievement that serve as a foundation for high-quality interactions with infants and toddlers.³² Infant-toddler credentials should be aligned with the state's core knowledge and competencies. States should ensure that credentials are part of an integrated, sequential professional development system, applicable across a variety of programs and settings, tied to college credits and degree programs, and embedded within the state's career pathway.

Context

Although studies indicate that college-level preparation with specialized training results in higher quality experiences for young children, “as a society, we are far from agreeing that a college degree is an appropriate standard in early care and education.”³³ The credentialing and licensing of professionals, common practice in other sectors, are still in development in the infant-toddler field. Seventeen states offer infant-toddler credentials for early care and education providers.³⁴ A recent survey of Individuals with Disabilities Education Act (IDEA) infant and toddler coordinators confirmed that 78% of states have no early intervention credential.³⁵ Seventeen states have adopted early childhood mental health competencies for professionals who work with infants and toddlers across sectors, including early intervention specialists, nurses, child care providers, occupational and physical therapists, speech and language pathologists, and others.³⁶ But state oversight of early childhood mental health is almost nonexistent, and state infant-toddler credentialing systems—themselves in formation—are a long way from incorporating mental health competencies.³⁷



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5. Implement career pathways to support the continuous development of all those working with or on behalf of infants and toddlers. States can better support the infant-toddler workforce by developing career pathways, also known as career lattices or ladders. These routes offer a mechanism for practitioners to enter at various levels and progress in their profession.³⁸ By connecting qualifications to roles—and, ideally, to compensation—career pathways provide a framework for evaluating and tracking long-term opportunities. States should ensure that their professional development systems include pathways that link increased salaries and benefits to higher levels of education and experience, offer opportunities to move vertically and horizontally to other roles, and align with early childhood mental health endorsements.

Context

Although all states are working toward a system of early childhood professional development, career lattices are not yet universal, and integration of the infant-toddler workforce is still emerging. In the states that offer an infant-toddler credential for early care and education providers, core knowledge and competencies are often aligned with career pathways for infant-toddler practitioners.³⁹ A 2005 study of the Massachusetts infant-toddler workforce documented the positive correlation between professional preparation and workforce retention—suggesting that one way to ensure continuity and consistency of care, critical elements of high-quality services, is to focus on professional development. Career pathways that reward higher qualifications with increased compensation provide incentives for professionals to stay in the field and pursue advanced education.

6. Encourage cross-sector professional development opportunities that bring together adults working with infants and toddlers from different disciplines and in various programs to learn from each other. Because services for very young children are provided through a variety of programs in diverse settings, workforce development must cross all service sectors. Although each discipline and type of program has its own set of staff qualifications and delivery systems for professional development, cross-training opportunities can promote a common understanding among different types of infant-toddler professionals and help them appreciate each other's roles and contributions in fostering young children's healthy development. States should explore and invest in initiatives that promote professional development—including mentoring, reflective practice, and technical assistance—across all sectors of the infant-toddler workforce.

Context

Wide disparities exist in levels of professional preparation, ability, and expertise in the early childhood workforce across programs, from state to state, and across sectors. Multitiered, mixed delivery systems contribute to an unevenly skilled, changeable workforce at a time in a child's life when consistency is crucial to healthy development. Although federal policy regulates early childhood workforce qualifications in Head Start/Early Head Start, Military Child Care, and



IDEA Parts B and C, the requirements are not uniform across Early Head Start, child care, early intervention, home visiting and family support, health, and mental health. No federal requirements exist for personnel in child care or home visiting programs, leaving states to set their own minimum standards. In the current landscape, coherent, sequential ongoing professional development is not universal across sectors, ultimately compromising the effectiveness of the infant-toddler workforce and improved outcomes for young children and families.

7. Establish statewide networks of infant-toddler specialists to support the professional development and practice of those who work directly with very young children.

These networks should be expanded to include all consultants—across disciplines—who support the development of infants and toddlers, including early intervention staff, early childhood mental health specialists, and family support and health professionals. States should work to establish networks of cross-sector specialists—who typically provide mentoring, coaching, training, referrals, and technical assistance—to support all those who work directly with children under age 3.

Context

Twenty-three states currently have infant-toddler specialist networks to support practitioners in early care and education. However, most existing statewide networks are restricted to the early care and education sector, serving child care centers, family child care homes, family, friend, and neighbor care providers, or Early Head Start. State child care resource and referral networks remain the locus of infant-toddler consulting work and assume administrative oversight for the largest number of infant-toddler specialist networks.⁴⁰ Although a majority of states do not have formal infant-toddler specialist networks, different types of consultants with varying levels of education and experience with infants and toddlers work in a variety of settings. Although a few states are beginning to form partnerships across disciplines to build the capacity and coordinate the services of consultants, cross-sector collaboration is still emerging.⁴¹



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8.

Link the core knowledge and competencies needed by infant-toddler professionals with early learning guidelines, quality improvement initiatives, and other components of a comprehensive early childhood system.

Competencies should be aligned with early learning guidelines, which describe what infants and toddlers are expected to know and do, as well as with the content of pre-service and in-service professional development. Infant-toddler provider qualifications and ongoing training should be linked to quality initiatives, such as quality rating and improvement systems, to encourage increased professional development among infant-toddler staff in early care and education programs. States should align early learning guidelines, program standards, core knowledge and competencies, and curriculum for infant-toddler professionals both vertically, to encompass children of different ages, and horizontally, with other system components for children in the same age group.

Context

States are at different points along the spectrum of workforce system-building, with significant variation in horizontal and vertical alignment and integration of components into existing early childhood systems. In recent years, a growing number of states have begun to create early learning guidelines for infants and toddlers, which they are incorporating into coursework and ongoing professional development and embedding in quality rating and improvement systems.⁴² Even though 31 states and the District of Columbia are implementing quality rating and improvement systems statewide and others are in development, inclusion of specific quality indicators for infants and toddlers is far from universal⁴³ – leaving those practitioners potentially at the margins. Moreover, although states have made progress in disseminating and providing training on their early learning guidelines for infants and toddlers, few states have completed evaluations to assess how effectively they are implemented.⁴⁴

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9.

Ensure that state-level professional development advisory structures collect cross-sector data on the infant-toddler workforce to support system-building and evaluate the effectiveness of investments in professional development. Most states have workgroups, councils, or other collaborative entities charged with planning and coordination for their early childhood professional development system. It is crucial that these advisory groups develop guidelines for, and promote the collection and analysis of, workforce data through registry databases, which track individuals' credentials and training, and comprehensive workforce studies that include all sectors of the infant-toddler workforce. States should assess efforts to improve workforce development to determine their impact on program quality and child outcomes and the efficacy of their replication.

Context

Because of the fragmentation of services for infants and toddlers, available data on children's early health, development, education, and welfare is "siloed and uncoordinated," thwarting policymakers' efforts to target resources.⁴⁵ Although a growing number of states are collecting data, much of the early childhood systems data is not aligned across funding streams and agencies. In addition, early childhood data systems have historically collected data at a particular point in time, rather than longitudinally, which would enable policymakers to track progress over time.⁴⁶ Many of the key components, including data on the infant-toddler workforce across sectors, are not in place, making it difficult to determine the policies and investments that will produce a skilled and stable workforce, higher program quality, better access to services, and, ultimately, improved child outcomes.⁴⁷

10.

Increase investment in systems that support workforce development and appropriate levels of compensation. With recent federal support for quality improvement in early childhood services, many states are leveraging funding to enhance systems of professional development, providing incentives for increased compensation, educational attainment, and retention. Scholarships, loans, and tuition forgiveness programs assist individuals to cover the costs of higher education. Compensation and retention initiatives link increases in qualification to higher salaries or bonuses. States should explore opportunities—through their quality rating and improvement systems and other initiatives—to align financing mechanisms and revenue sources based on quality standards for programs and practitioners.

Context

Underinvestment in the systems supporting infants and toddlers and their families has long been the norm. Although recent federal infusions of funding have helped address some of the gaps, the financing remains insufficient to cover the necessary work. Moreover, much of the workforce system-building has focused on training, credentialing, and supporting early care and education personnel. States are only just beginning to address the qualifications and preparation of those who work with infants and toddlers across the different service sectors. Compensation continues to be a pressing issue for the infant-toddler workforce. In its 2003 survey of the human services workforce—including child welfare and child care—the Annie E. Casey Foundation identified low compensation as one of the greatest challenges to systems reform.⁴⁸ Professionals with the same qualifications may receive different salaries and benefits depending on the service sector and setting in which they work. Among child care providers, wages are strikingly low and benefits limited or nonexistent, making it difficult to attract well-educated staff and leading to high turnover rates—trends that compromise stability and put healthy child and family development at risk.



Profiles in Professional Development

Gabriela works as a home health aide for an elderly woman with dementia, but her dream is to provide respite care for medically fragile infants. In addition to her strong desire to support infants and families, she knows that home health care is an up-and-coming field – expected to grow by 50% by 2018⁴⁹ – and she sees her position as a stepping stone to a career in nursing. She has begun taking courses in family studies at a local community college, the foundation, she hopes, for a bachelor's degree in nursing. But she has been frustrated by her discussions with college administrators, who tell her that the courses she has taken will not transfer to the nursing program at the local college. Although she is single and eager to continue her education, she works long hours—including evenings and weekends. At the lowest end of the pay scale, she makes \$7.25 an hour,⁵⁰ with no reimbursement for travel time and costs. With such demands on her time and budget, her career goals seem to be slipping away.

Research

High-quality early experiences—whatever the setting—are dependent on the adults who help provide them. Neuroscience tells us that the earliest years of life are a critical time in development, one that establishes the foundation for sound mental and physical health, school readiness, and later success in life.⁵¹ Infants and toddlers thrive in the context of secure relationships with caregivers who are skilled, stable, and responsive to their needs at each stage of development.⁵² Although very few studies have specifically addressed the professional development of infant-toddler service providers and its relationship to service quality across sectors,⁵³ there is strong evidence from research on practitioners working with preschoolers that the quality of early childhood programs and services is linked to the knowledge and skills of the professionals who staff them.⁵⁴



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The professional development of the infant-toddler workforce is critical to promoting healthy development and later school success.

We know, from research on preschoolers, that the quality of young children's early care and education depends on providers who are well-trained, well-compensated, and attuned to their developmental needs.⁵⁵ Studies have shown that providers with higher levels of education are more sensitive and nondirective—attitudes linked to higher quality of care for infants and toddlers.⁵⁶ Children's social-emotional well-being, established in their earliest relationships, provides the foundation for success in school. Children who are able to manage their emotions, form trusting relationships with adults, and get along with their peers are more likely to be engaged learners.⁵⁷ Another important element of good care is the presence of rich language opportunities. Young children cared for by adults with higher levels of formal education and specialized training in child development have been found to be more sociable, exhibit more sophisticated use of language, and perform better on cognitive tasks—critical elements of school readiness—than those cared for by less-qualified adults.⁵⁸ Some studies have found wages to be more strongly linked to quality than other characteristics, including adult-child ratios, group size, and levels of provider education and specialized training.⁵⁹ Adequate wages and benefits produce lower turnover, which ideally fosters the kind of sensitive, responsive, and consistent care associated with children's positive cognitive, social, and emotional development.⁶⁰

The content, quality, and accessibility of professional development, as well as compensation for the infant-toddler workforce, remain significant barriers to advancement.

Federal and state programs and policies—especially in the early care and education sector—have different requirements for professional development, as well as diverse mechanisms and levels of support for training, educating, and supporting the early childhood workforce.⁶¹ Qualifications and preparation vary greatly, with a decline in levels of formal education reported in recent years among the early care and education workforce at large and low education levels, in particular, among infant-toddler providers.⁶² A recent national survey found that almost half of bachelor's programs and a third of associate's programs in early childhood education did not require any courses focused on infants and toddlers. Graduate-level teacher preparation programs were less likely to require an infant-toddler practicum.⁶³ Academic policies that limit transfer and articulation of credits make



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it challenging for students to move smoothly and efficiently along their education track. Cost is also a significant barrier to attaining higher education, especially for family child care and other home-based caregivers, many of whom are low-income, living below 200% of the federal poverty line.⁶⁴ Finally, compensation remains stubbornly low, and turnover within the field is rampant.

Researchers are now exploring more deeply the relationship between professional development and the quality of early childhood settings. Although the early care and education sector, in particular, has long embraced higher levels of education and specialized training as key determinants of quality, many questions remain about the specific elements of training that produce higher quality settings and the best outcomes for children.⁶⁵ Recent literature reviews and studies have challenged the notion of staff qualifications as the key to quality. The research has limitations, especially in the range of studies that have considered infant-toddler professionals, in the comparability of types and content of professional preparation, and in how quality is defined and measured. Also critical to child outcomes are the content and method of delivery of professional development (including mentoring, coaching, communities of practice, and technical assistance), an understanding of child development and the importance of nurturing relationships, the ability to put this knowledge into practice, and sensitivity to ethnic and linguistic diversity.⁶⁶ Workforce development research in other sectors offers lessons. Reflective practice, commonly used in education, counseling, nursing, medicine, and psychology, may hold promise for application with practitioners working with infants and toddlers.⁶⁷ For example, a recent United Kingdom study, which examined the impact on nurses of a professional development model that included a virtual community of practice for reflecting on and synthesizing knowledge, found improvement in patient reviews.⁶⁸

New models of professional development are emerging that hold promise for improving provider practice and, ultimately, outcomes for young children. Current research in the early care and education sector is focusing on more effective models of ongoing professional development—beyond the usual one-shot workshops—that result in positive adult-child interactions. WestEd’s Program for Infant/Toddler Care has developed in-depth training that focuses on relationship-building between providers and infants and toddlers.⁶⁹ Research has shown that mentoring and coaching can be effective strategies for easing the transition from pre-service to in-service work, improving retention, and ultimately increasing overall caregiver and teacher quality.⁷⁰ Some studies have begun to look at infant-toddler providers who have no college education. A recent study of a family child care network, in which a coordinator with special training in infant studies fostered supportive interactions with providers, found improved quality ratings both in the setting and in the relationships between children and adults. An ongoing federal study of 3-week intensive, on-site mentoring in early care and education centers, family child care, and unregulated home-based care has also found improvements in the quality of provider practice with infants and toddlers. Best Start LA is inaugurating a cross-sector training model, including trainers and providers in early care and education, early intervention, social services/child welfare, mental health, and physical health. The model will be field-tested in two communities, with the goal of strengthening capacity to support young children’s healthy

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About Us

The ZERO TO THREE Policy Center is a nonpartisan, research-based resource for federal and state policymakers and advocates on the unique developmental needs of infants and toddlers. To learn more about this topic or about the ZERO TO THREE Policy Center, please visit our website at www.zerotothree.org/public-policy.



National Center for Infants, Toddlers, and Families

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This paper is dedicated to the memory of our colleague and friend, Lynn Jones.

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