

EARLY INTERVENTION FOR INFANTS AND TODDLERS WITH DISABILITIES

The birth of a new baby is a time of great hope and opportunity. This sense of hope is reinforced by science, which has significantly enhanced our knowledge about how infants and toddlers develop and the ways we can support them. We know that the early years establish the foundation upon which later learning and development take place. Although babies grow and develop at different rates, most follow a predictable path and learn to walk, talk, and gain new skills in expected ways. For some young children, however, development unfolds according to a slower timetable or in an atypical fashion. For those infants and toddlers with a disability or developmental delay, intervening early can make all the difference in the world. Early intervention provides services and supports to promote the best possible developmental outcomes, and it enhances the capacity of families to meet their child's needs. For children at significant risk, early intervention can serve as a protective buffer against the multiple adverse influences that may hinder their developmental progress. If the promise of a bright future is to be realized for all young children, policymakers should permanently authorize and adequately fund services of the Early Intervention Program of the Individuals with Disabilities Education Act (IDEA Part C) to ensure the optimal development of infants and toddlers with or at risk of developmental delays.

What Is Part C of the Early Intervention Program for Infants and Toddlers with Disabilities (IDEA)?¹

The Early Intervention Program for Infants and Toddlers with Disabilities, or Part C of the Individuals with Disabilities Education Act (IDEA), is a federal grant program that assists states in operating a comprehensive statewide program of services and supports for children birth through 2 years old with developmental delays, including (at state option) children who are "at risk" of developing a delay or special need that may affect their development or impede their education.

Congress established the Early Intervention program (generally referred to as "Part C") in 1986, and most recently reauthorized the statute in 2004, in recognition of "an urgent and substantial need" to

- enhance the development of infants and toddlers with disabilities;
- reduce educational costs by minimizing the need for special education through early intervention;

- minimize the likelihood of institutionalization and maximize independent living; and
- enhance the capacity of families to meet their child's needs.

States vary widely in the type of quantitative criteria they use to describe a developmental delay, as well as in the level of delay required for eligibility for Part C services. In addition to identifying children who are experiencing developmental delays or who have a diagnosed physical or mental condition that has a high probability of resulting in development delay, states can choose to provide services to infants and toddlers who would be at risk of experiencing a substantial developmental delay if early intervention services were not provided.

In order for a state to participate in the program, it must assure that early intervention will be available to every eligible child and his or her family. The

governor must designate a lead agency to receive the grant and administer the program and must appoint an Interagency Coordinating Council (ICC) to advise and assist the lead agency. Annual funding to each state is based upon census figures of the number of children, birth through 2 years old, in the general population.

The current IDEA 2004 Statute (P.L. 108-446) for Part C contains many requirements states must meet, and it specifies the minimum components of a comprehensive statewide early intervention system. New proposed regulations for Part C were issued on May 9, 2007, by the Office of Special Education and Rehabilitative Services at the U.S. Department of Education.² These regulations, when issued in their final form, will reflect the changes resulting from IDEA 2004 and provide guidance to states on how Part C is to be implemented.



Policy Recommendations

1.

Expand and enhance early identification of infants and toddlers to include greater coordination and collaboration among early childhood providers.

The earlier children are identified and provided with carefully designed intervention and family supports, the more they benefit by gains in cognitive, language, and social development, and later in higher academic and life achievement.³ These services and supports best serve children when they are coordinated and collaborative. For example, early screening and identification should include:

- (a) developmental screenings for low-income infants and toddlers under the Early Periodic Screening and Diagnostic Testing (EPSDT) program;
- (b) the use of standardized screening tools by primary care physicians to monitor child development;
- (c) coordination of screening efforts through a medical home;
- (d) improved information and referral networks;
- (e) health and mental health consultation to child care; and
- (f) collaboration between public health, child welfare and early intervention services to ensure children in the child welfare system are screened.⁴ Additional funding should be provided to support increased screening and referral efforts.

2.

Permanently authorize and fully fund Part C of the Individuals for Disabilities Education Act (IDEA).

The 2004 reauthorization of IDEA continued Part C as a discretionary grant program without permanent authorization. Additionally, Part C funding is unusually designated as payor of last resort, requiring that all federal, state, local and private resources be exhausted prior to using Part C funds. As states continually struggle with the need to adjust or expand the array of resources to support an integrated early intervention system, they are faced with financing systems that are unstable, inadequate, and complex. It is important to permanently authorize the Part C program with a sufficient and stable base of funding. Doing so will ensure responsive and effective services and supports for infants and toddlers with or at risk of developmental delays or disabilities and their families—significantly boosting the promise of a bright future for children, families, and communities.

FAST FACTS

● Approximately **16%** to **18%** of children have disabilities or developmental delays.⁵

● Infants and toddlers who have been maltreated are six times more likely than the general population to have a developmental delay.⁶ Children entering early intervention are far more likely than the general population to be in foster care.⁷

● More than **50%** of children in early intervention had two or more risk factors; one in five children had four or more. Research suggests that the potential for negative developmental outcomes increases substantially when a child has multiple risk factors.⁸



3.

Include at-risk infants and toddlers in the state’s definition of eligibility for Part C services.

Part C allows states to provide services to infants and toddlers who are at risk of developmental delay. States may include children with a history of significant biological or medical conditions (e.g., low birth weight or failure to thrive) and/or children who are at risk due to environmental factors such as poverty, homelessness, substantiated child abuse or neglect, parental age, parental illegal substance abuse, and parental mental illness. As of February 2008, only five out of 56 states and territories serve at-risk children, even though it is well documented that young children with multiple risk factors are the most vulnerable to poor health and development.⁹ States should expand their definitions to include these at-risk infants.

4.

Fully implement the Part C and the Child Abuse Prevention and Treatment Act (CAPTA) mandates requiring states to refer to Part C all children under the age of 3 with substantiated cases of abuse, neglect, and drug exposure.

Both the IDEA 2004 and CAPTA 2003 reauthorizations require state early intervention and child welfare systems to establish coordinated procedures for the referral of substantiated cases of abused, neglected, or illegal drug-exposed infants and toddlers to Part C services.¹⁰ Infants and toddlers who have been maltreated are far more likely than the general population to have a developmental delay.¹¹ States should take steps to fully implement these mandates by structuring collaboration between Part C and child welfare agencies and by increasing staff training.

5.

Expand access to inclusive early care and education experiences for infants and toddlers across diverse settings.

Infants, toddlers, and their families thrive when they are able to live, learn, and play in the “natural environments” in their own communities—including the settings in which children without disabilities participate. To ensure inclusive experiences, children with disabilities and developmental delays should have full access to early care and to education, health, social, and recreational services. Successful inclusion requires collaboration at all levels, appropriately trained personnel, cultural responsiveness, and a framework that emphasizes parent-child and peer interactions in typical routines and natural environments.¹²



1 in 3 infants and toddlers who received early intervention services did not later present with a disability or require special education in preschool.¹³



6.

Invest in the professional development of the early intervention workforce. Research clearly links well-trained and qualified providers to better child outcomes. Expert consultation and training for providers is necessary to effectively support infants, toddlers, and their families who confront significant child developmental disabilities, experience special health care and mental health needs, or face the stresses of poverty, substance abuse, and child maltreatment.¹⁴ Training should be targeted to (a) building expertise in early social-emotional development and mental health; (b) training providers from different cultural, ethnic, and racial backgrounds and preparing them to meet the needs of diverse populations; and (c) developing and implementing a set of standards for early intervention practice.

Research

Earlier identification and intervention is more effective and less costly. The science of early development highlights the remarkable opportunities to optimize child development. During the earliest months and years of life, the architecture of the brain is being built at an unparalleled rate in response to nurturing early experiences.¹⁵ Early identification and intervention for children with developmental delays or disabilities can improve cognitive and social skills, lead to higher achievement and greater independence, and promote family competence and well-being.¹⁶

Supporting a family’s capacity to understand and enhance their baby’s unique development positively influences both parents and children. Supportive and caring relationships between babies and caregivers have a significant and enduring influence on young children’s growth and development.¹⁷ Many studies have documented the link between early loving, secure relationships and a child’s self-esteem, confidence, and ability to communicate, deal with stress, develop positive relationships, develop a conscience, and learn.¹⁸ We know that families are central to their children’s development. It is through relationships that babies discover who they are and how



During the earliest months and years of life, the architecture of the brain is being built at an unparalleled rate in response to nurturing early experiences.¹⁵



to interact with others. Families of young children with developmental disabilities can be confronted with many challenges and stressors that can compromise their ability to foster their child's health and development. Child development, as well as parental well-being, is enhanced when parents and other caregivers are encouraged to understand each child's unique characteristics and respond with sensitivity and warmth.

Programs that combine support for families with carefully designed services for young children appear to have the greatest impact. Intervention is most effective when approached from a whole-child perspective. Multigenerational programs that focus on relationship-building and parent-child interactions, while providing carefully and individually designed programs for young children, can positively impact both children and parents.¹⁹ Comprehensive services in home and community settings provided by highly qualified staff, tailored to individual child and family needs and interests, embedded in typical family routines, and coordinated across agencies and systems have the most promise for the best developmental and societal outcomes.²⁰



Child development, as well as parental well-being, is enhanced when parents and other caregivers are encouraged to understand each child's unique characteristics and respond with sensitivity and warmth.



Author: Lynn Jones, Senior State Policy Analyst
February 2009

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/policy.



National Center for Infants, Toddlers, and Families

- 1 Wrightslaw, *Early Intervention (Part C of IDEA)*. Wrightslaw, 2008. www.wrightslaw.com/info/ei/index.htm National Early Childhood Technical Assistance Center, *Early Intervention Program for Infants and Toddlers with Disabilities (Part C of IDEA)*, Overview to the Part C Program Under IDEA. National Early Childhood Technical Assistance Center, 2009. www.nectac.org.
- 2 U.S. Department of Education, "Early Intervention Program for Infants and Toddlers with Disabilities, Proposed Rule." *Federal Register* 72, no. 89 (May 9, 2007): 26455-26531. <http://edocket.access.gpo.gov/2007/pdf/07-2140.pdf>.
- 3 National Research Council and Institute of Medicine, *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Jack Shonkoff and Deborah A. Phillips, eds. Washington, DC: National Academy Press, 2000.
- 4 Florence Nelson, *Achieving the Promise of a Bright Future: Developmental Screening of Infants and Toddlers*. ZERO TO THREE, 2009. www.zerotothree.org/policy.
- 5 Frances P. Glascoe and Henry L. Shapiro, *Introduction to Developmental and Behavioral Screening*. Developmental Behavioral Pediatrics Online, 2007. www.dbpeds.org.
- 6 L. K. Leslie, J. H. Gordon, K. Lambors, et al., "Addressing the Developmental and Mental Health Needs of Young Children in Foster Care." *Journal of Developmental and Behavioral Pediatrics* 26 (2005): 140-151.
- 7 Kathleen Hebbeler, Donna Spiker, Don Bailey, et al., *Early Intervention for Infants and Toddlers with Disabilities and Their Families: Participants, Services, and Outcomes—Final Report of The National Early Intervention Longitudinal Study (NEILS)*. Menlo Park, CA: SRI International, 2007.
- 8 *Ibid.*
- 9 U.S. Department of Health and Human Services, Office of Human Services Policy, Office of the Assistant Secretary for Planning and Evaluation, *Developmental Status and Early Intervention Service Needs of Maltreated Children*. ASPe Research Brief, Part C Updates, 10th ed. Washington DC: U.S. Department of Health and Human Services, 2008. www.nectac.org. The five states are California, Hawaii, Massachusetts, New Mexico, and West Virginia.
- 10 Child Welfare Information Gateway, *Addressing the Needs of Young Children in Child Welfare: Part C Early Intervention Services*. Washington, DC: U.S. Department of Health and Human Services, 2007. www.childwelfare.gov.
- 11 Leslie et al., "Addressing the Developmental and Mental Health Needs of Young Children in Foster Care."
- 12 Michael J. Guralnick, "The System of Early Intervention for Children with Developmental Disabilities: Current Status and Challenges for the Future." In J. V. Jacobson, J. A. Mulick, and J. Rojahn eds., *Handbook of Mental Retardation and Developmental Disabilities*, 465-480. New York: Plenum, 2006.
- 13 Hebbeler, *Early Intervention for Infants and Toddlers with Disabilities and Their Families*.
- 14 National Research Council and Institute of Medicine, *From Neurons to Neighborhoods*.
- 15 Center on the Developing Child, Harvard University, *A Science-Based Framework for Early Childhood Policy: Using Evidence to Improve Outcomes in Learning, Behavior, and Health for Vulnerable Children*. Cambridge, MA: Center on the Developing Child, Harvard University, 2007. www.developingchild.harvard.edu.
- 16 National Research Council and Institute of Medicine, *From Neurons to Neighborhoods*.
- 17 Julie Cohen and Stephanie Clothier, *Helping Young Children Succeed: Strategies to Promote Early Childhood Social and Emotional Development*. Washington, DC: National Conference of State Legislatures, 2005. www.zerotothree.org/policy.
- 18 J. Cassidy and P. R. Shaver, *Handbook of Attachment: Theory, Research, and Clinical Applications*. New York: Guilford Press, 1999. R. Shore, *Rethinking the Brain: New Insights into Early Development*. New York: Families and Work Institute, 1997. L. A. Sroufe, B. Egeland, and T. Kreutzer, "The Fate of Early Experience Following Developmental Change: Longitudinal Approaches to Individual Adaptation in Childhood." *Child Development* 61 (1990): 1363-1373. Charles Zeahan, Jr., ed. *Handbook of Infant Mental Health*, 2nd ed. New York: Guilford Press, 1999.
- 19 Center on the Developing Child, Harvard University, *A Science-Based Framework for Early Childhood Policy*.
- 20 National Research Council and Institute of Medicine, *From Neurons to Neighborhoods*. Guralnick, "The System of Early Intervention for Children with Developmental Disabilities."

Design: Metzke Publication Design

Photo credits: Page 1 – Debbie Rappaport; iStockphoto; Page 3 – Marilyn Nolt; Page 4 – Marilyn Nolt;

Page 5 – Getty Images/LWA/Dann Tardif

Models in images are for illustrative purposes only.