

OUR YOUNGEST LEARNERS

# Increasing Equity

in Early Intervention



I am Smart!  
I can be whatever I want to be!



$$E=mc^2$$



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## ABOUT THE PROJECT:

In this report, we note that early intervention is critical for infants and toddlers with developmental delays and disabilities and can lay the foundation for future success, but children of color and children from low-income backgrounds have long faced barriers to accessing these services.

In the [accompanying report](#), we look at how the pandemic is making these inequities worse.

## OUR YOUNGEST LEARNERS

# Increasing Equity in Early Intervention

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**EARLY INTERVENTION is the key to setting children with delays and disabilities on a path to long-term success. Yet children of color face barriers to accessing these services.**

Early intervention services are funded through a complex blend of federal, state, and local sources, and are part of the Individuals with Disabilities Education Act (IDEA). States have to make difficult decisions about how to fund critical IDEA services, including early intervention services, because Congress vastly underfunds IDEA. This often results in stricter eligibility requirements and other cost-saving measures that sometimes lead to a decrease in the number of children receiving services.

There are several strategies states can use to address systemic racial inequities in the health and education systems in which early intervention services take place. In this report, we identify the strengths of state approaches and opportunities for increasing equity in providing early intervention services.

## WHAT ARE **early intervention services**?

Every child from birth to age 3 in the U.S. is entitled under IDEA ([IDEA Part C](#)) to support in reaching developmental milestones if they have a **developmental delay** — that is, if they are meeting milestones more slowly than expected, or if they have a diagnosed condition that has a high probability of resulting in a delay.

These **early intervention (EI) services** can have an enormous impact on a young child's ability to learn and grow by supporting their family in assisting their child's development and by strengthening physical, cognitive, communication,

### Funding for IDEA

Federal funding for IDEA is far too low: Congress has always vastly underfunded these critical services. Early intervention services are part of the Individuals with Disabilities Education Act (IDEA). When it passed IDEA, Congress pledged to fund 40% of the extra money needed to provide special education services such as early intervention services; state and local funding was supposed to cover the rest. However, Congress has yet to fund its promised share of the cost. Even though the number of children receiving services under IDEA has increased by 25% in the past two decades, federal funding covers only about 15% of this cost.<sup>1</sup>



adaptive, and social-emotional skills. Specialists, such as special educators, speech-language pathologists, physical therapists, psychologists, nurses, and social workers, provide evidence-based interventions for children and their families that target areas for growth according to each young child's and family's specific needs. Strong support as soon as a developmental delay is identified can have a positive ripple effect that lasts a lifetime.

These services are provided not only for a child with a developmental delay, but also for the child's **family**, ensuring that caregivers have the tools they need to create a healthy, supportive environment for the whole family.

**Child Find** is a legal mandate that requires states to identify all children who are eligible for early intervention services. Because federal Child Find regulations are minimal, Child Find implementation has long been highly varied across states.<sup>2</sup> While some states take proactive approaches, such as monitoring all children's development regardless of risk factors, others monitor only children with risk factors for developmental delays. Some states have digital tracking systems that connect medical and educational data, while others only conduct outreach via public announcements and flyers.<sup>3</sup>

To establish whether a child is eligible for early intervention services, a service coordinator typically arranges the child's **evaluation**. If a child is found eligible, an Individualized Family Service Plan (IFSP) is created that describes the services and supports the child and family will receive.





Early intervention focuses on skills in these areas:

**PHYSICAL SKILLS**

(reaching, crawling, walking, drawing, building)

**COGNITIVE SKILLS**

(thinking, learning, solving problems)

**COMMUNICATION SKILLS**

(talking, listening, understanding others)

**DAILY LIVING OR ADAPTIVE SKILLS**

(eating, dressing)

**SOCIAL OR EMOTIONAL SKILLS**

(playing, interacting with others)

Early intervention provides one or more services to a child and their family, including but not limited to the following:

Special instruction

Speech and language therapy

Physical or occupational therapy

Psychological services

Nursing or nutrition services

Hearing (audiology) or vision services

Social work services

Transportation

Assistive technology

In 2018, 409,315 infants and toddlers (3.5%) received early intervention services under IDEA Part C.

**White and Native Hawaiian or other Pacific Islander infants and toddlers were more likely than those in all other racial and ethnic groups to receive Part C services.**

*White infants and toddlers were **1.1** times as likely and Native Hawaiian and other Pacific Islander infants and toddlers were **1.3** times as likely to receive services.*

**Black, Asian, American Indian/Alaska Native infants and toddlers, and infants and toddlers of two or more racial and ethnic groups were less likely than those in all other racial and ethnic groups combined to receive Part C services.**

*Black, Asian, and American Indian and Alaska Native infants and toddlers were **0.9** times as likely; infants and toddlers of two or more race/ethnicities were **0.8** times as likely to receive Part C services.*

**Latino infants and toddlers were as likely as other infants and toddlers of all racial and ethnic groups combined to receive Part C services.<sup>4</sup>**



From [Understood.org](https://www.understood.org) and [U.S. Department of Education](https://www.ed.gov)

## WHAT DO WE KNOW about equity in early intervention?

**Limited public data about recipients and potential recipients of early intervention services paints an incomplete picture of the extent of racial and ethnic inequities in access to such services.** States are required by the federal government to collect, report, and publish some information about children who are found eligible for early intervention services, as well as recipients of those services, including the number and percentage of children participating, the settings in which they participate, and information about exiting Part C services and about dispute resolution.<sup>5</sup> Some of this data is disaggregated by race, ethnicity, and gender, but it is not disaggregated by income level or dual language learner status.<sup>6</sup> Information pertaining to children who are not enrolled in Part C services, but who are identified, referred, and evaluated, is collected by states, but there is wide variation in the public accessibility of that data.

**Children of color who could benefit from early intervention evaluation and services often do not have enough access to them:** Black and Latino children tend to be identified as eligible for these crucial services later than their White peers, and too often, fail to receive the evaluations and services for which they are eligible, according to studies conducted in cities and states across the country.<sup>7</sup> This inequitable access reflects the fact that early intervention services are at the nexus of health care, education, and other systems pervaded by systemic racism.

**Access to developmental screening is uneven from state to state.** A key tool for identifying young children with a developmental delay is [developmental screening](#), which often takes the form of checklists or questionnaires that are given to families by professionals in health care, child care, and other community settings. If a screening tool indicates that a child may have a developmental delay, the family is referred for an evaluation to determine whether they are eligible to receive Part C EI services. ZERO TO THREE's [State of Babies Yearbook 2020](#) found that nationwide, only 3 out of 10 (31.1%) children ages 9 months through 35 months received a developmental screening during the preceding, pre-pandemic year.<sup>8</sup> This percentage varied greatly from state to state — Florida had the lowest percentage at 16%, while Oregon had the greatest at 60%. In some cases, children are screened multiple times — for instance, at a pediatrician's office and in an early childhood education program — with no communication between the providers. In other cases, children are not screened at all.<sup>9</sup>

The complex system of care and education involved in a child's early development provides great opportunities for close monitoring and support, but the lack of effective communication infrastructure across offices often makes it hard to coordinate and ensure optimal screening and service delivery.

**There are disparities in access to developmental screening for families with low incomes.** The 2020 *Yearbook* found that babies from non-low-income backgrounds were 26% more likely to have a developmental screening than babies from low-income backgrounds. These rates varied greatly from state to state.

The *Yearbook* also found that in six states (Alabama, Colorado, Delaware, Idaho, Iowa, and Missouri), babies in families with incomes above the poverty level received developmental screenings at rates that were 20% higher than babies in families with low incomes.

One-quarter of children under age 5 are at risk of having a developmental delay, and so **all children should be screened** in their first three years. Yet only 30% of children ages 9 months through 35 months are screened for developmental delays using a standardized measure, and less than one-quarter of children who are eligible for EI services actually access them.<sup>10</sup>

**For families of color, access is even more limited.** The probability of a child being identified as having a developmental delay and using early intervention services is drastically different depending on their race and ethnicity. Compared to their White peers with developmental delays,

- Black children with developmental delays are 44% less likely to be identified as such and receive services;
- Latino children with developmental delays are 78% less likely to be identified as such and receive services.<sup>11</sup>

A large, nationally representative study found that Black and White children who are eligible for early intervention services received them at the same (albeit **low**) rate of 9% at 9 months of age, but at 24 months of age, **Black children were five times less likely to receive early intervention services than White children.**<sup>12</sup>

This racial disparity was particularly pronounced among children qualifying for services based on developmental delays that were more difficult to detect and required observational assessment, indicating that there are racial inequities in timely access to **screening**, attention to potential developmental concerns, and resources within health and education systems.

Another critical component in equity in early intervention and other special education services is the cultural and linguistic competency of evaluation processes, including assessment tools and clinical observation and judgment. While we do not take an in-depth look at this component in this report, it is essential to ensure that early intervention services are provided through culturally and linguistically competent assessment and evaluation tools and practices that minimize racial and cultural bias. This requires a racially, culturally, and linguistically diverse early intervention workforce that reflects the diversity of the early childhood population; antiracist and culturally competent, ongoing professional development that includes family engagement approaches; and more research on and development of culturally and linguistically competent assessment and evaluation tools and practices. Such strategies must be in place to make sure that children who would benefit from services receive them, and to avoid inappropriate identification, placement, and instructional and disciplinary practices.<sup>13</sup>

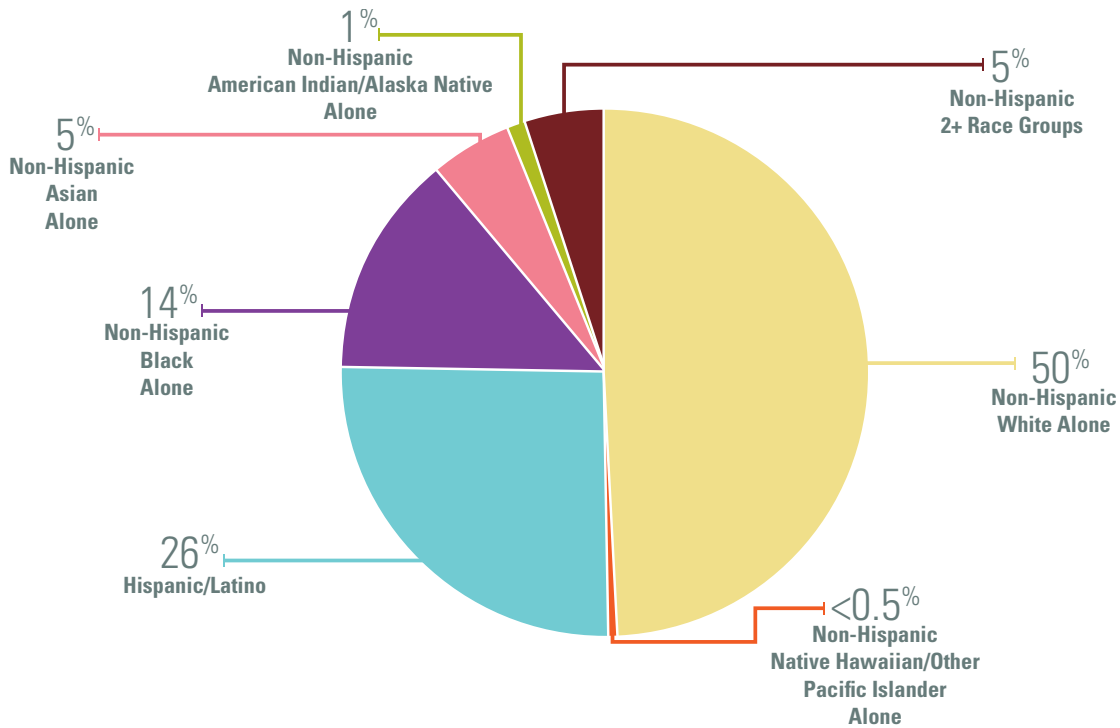




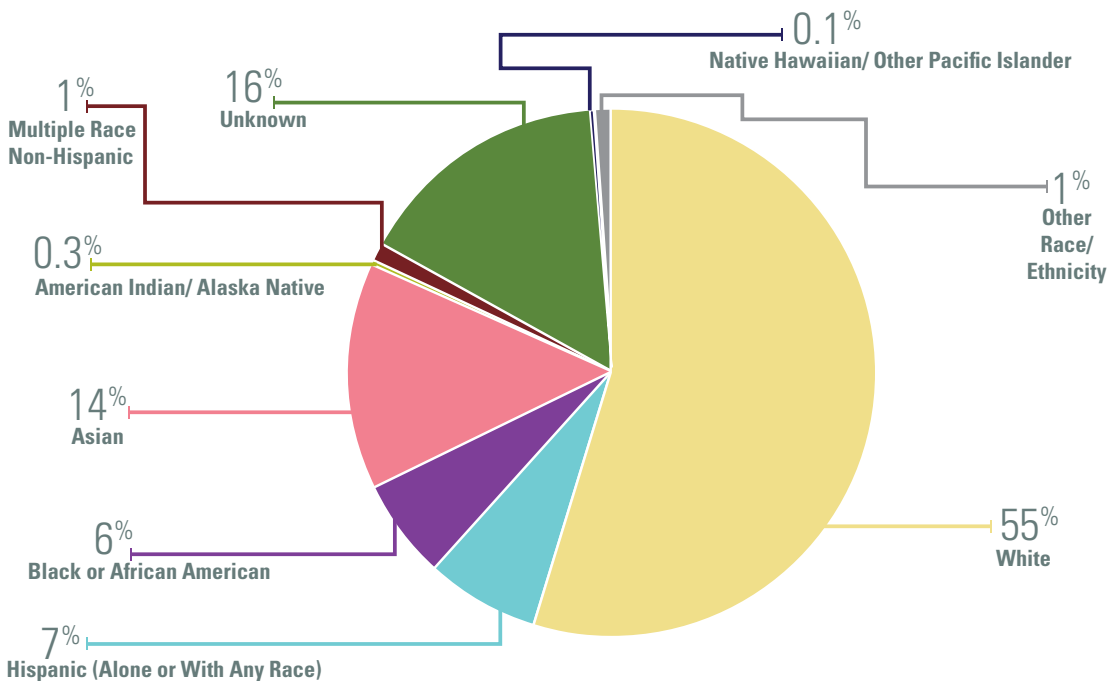
## Diversifying the Workforce

Culturally competent early intervention requires a racially and ethnically diverse workforce that reflects the diversity of the population professionals serve. One area for improvement is increasing the diversity of pediatricians. Only 6% of pediatricians are Black and 7% are Hispanic (of any race), which is far too low, given that 14% of children under 4 years old are Black, and 26% are Hispanic or Latino.<sup>14</sup>

**Race/Ethnicity of Children Age 0 to 4 in the U.S.**



**Race/Ethnicity of Pediatricians in the U.S.**



A large, nationally representative study that followed young children from the time they entered early intervention services as infants and toddlers until kindergarten completion found that **families of color had more challenges and negative experiences when entering into early intervention services**, including difficulty in finding out about existing services and initiating service delivery, and feeling that their concerns were being ignored by professionals and/or that professionals didn't respect their cultural background and values.<sup>15</sup>

**EARLY INTERVENTION SERVICES SET YOUNG KIDS WITH DELAYS AND DISABILITIES AND THEIR FAMILIES ON THE COURSE FOR LONG-TERM SUCCESS.** Systemic racism in health and education systems and insufficient federal funding for IDEA Part C threaten access to these services. Better data can help us measure equity and ultimately ensure that families of color gain access to the high-quality early intervention services they deserve.



# EARLY INTERVENTION: Key Components & Opportunities for Equity

## SCREENING

### What is it?

The first step in assessing developmental delays, typically conducted at regular pediatric visits and sometimes in early childhood education settings. Under the Child Find law, states are required to locate and identify any child who may be eligible for early intervention services.

### How is it inequitable?

Children of color often have less access to programs in which specialists are trained to use screening tools, such as high-quality health care and early childhood education programs, resulting in fewer screening opportunities.

## EVALUATION

### What is it?

A process to establish whether a child is eligible for early intervention services under the IDEA Part C law.

### How is it inequitable?

Children of color living in low-income neighborhoods are less likely to receive evaluations, due to limited access to developmental screenings; and when they are screened and referred for evaluation, they are less likely to be tested. This could be due, in part, to the limited supply of evaluators in their areas, though more research is required to determine all contributing factors.



## EARLY INTERVENTION SERVICES

### What are they?

Services for families to support children in developing physical, cognitive, communication, social/emotional, and daily living skills.

### How are they inequitable?

Children of color who are eligible for services are less likely to receive them and more likely to face challenges while receiving them. This is due to a variety of factors, including insufficient outreach and a lack of culturally competent services.

Source: See endnote for list of sources for this graphic.<sup>16</sup>

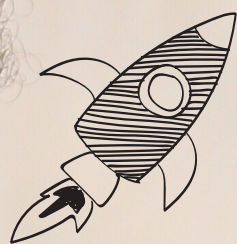


I can  
be what  
I dream!

## ENDNOTES

1. This does not include short-term pandemic-related federal funding for IDEA. National Center for Learning Disabilities, "IDEA Full Funding: Why Should Congress Invest in Special Education?" <https://nclld.org/news/policy-and-advocacy/idea-full-funding-why-should-congress-invest-in-special-education/>.
2. Brian Barger, Catherine Rice, Christina Anne Simmons, and Rebecca Wolf, "A Systematic Review of Part C Early Identification Studies," *Topics in Early Childhood Special Education* 38, no. 1 (May 2018): 4–16. <https://doi.org/10.1177/0271121416678664>.
3. Brian Barger et al., "A Systematic Review of Part C Early Identification Studies," 4–16.
4. These calculations were determined by risk ratio. For more information, see page 15 of U.S. Department of Education, 2020, "42nd Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act, 2020," <https://sites.ed.gov/idea/files/42nd-arc-for-idea.pdf>
5. *Dispute resolution* refers to the ways in which IDEA allows parents to file and resolve disputes with school districts regarding special education plans and services.
6. U.S. Department of Education, 2020, "42<sup>nd</sup> Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act, 2020," <https://sites.ed.gov/idea/files/42nd-arc-for-idea.pdf>; IDEA Data Center, October 2018, "IDEA Section 618 Public Reporting Data Element Checklist – Part C," [https://ideadata.org/sites/default/files/media/documents/2018-10/IDC\\_618\\_Interactive\\_Part\\_C\\_0.pdf](https://ideadata.org/sites/default/files/media/documents/2018-10/IDC_618_Interactive_Part_C_0.pdf).
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8. ZERO TO THREE, "State of Babies Yearbook 2020," June 2020, <https://stateofbabies.org/wp-content/uploads/2020/06/State-of-Babies-2020-Full-Yearbook-061820.pdf>.
9. For information about recognizing and responding to possible early signs of learning disabilities, see NCLD's LD Checklist, available here: <https://nclld.org/learning-disabilities-checklist/>
10. Ashley H. Hirai, Michael D. Kogan, Veni Kandasamy, Colleen Reuland, and Christina Bethell. 2018. "Prevalence and Variation of Developmental Screening and Surveillance in Early Childhood." *JAMA Pediatrics* 172 (9): 857–66. <https://doi.org/10.1001/jamapediatrics.2018.1524>; Steven A. Rosenberg, Cordelia C. Robinson, Evelyn F. Shaw, and Misoo C. Ellison. "Part C early intervention for infants and toddlers: percentage eligible versus served." *Pediatrics* vol. 131,1 (2013): 38-46. doi:10.1542/peds.2012-1662.
11. Dawn M. Magnusson, Cynthia S. Minkovitz, Karen A. Kuhlthau, Tania M. Caballero, and Kamila B. Mistry, "Beliefs Regarding Development and Early Intervention Among Low-Income African American and Hispanic Mothers," *Pediatrics* 140 (5): e20172059 (2017), <https://doi.org/10.1542/peds.2017-2059>; Dawn M. Magnusson, Mari Palta, Beth McManus, Ruth E. Benedict, and Maureen S. Durkin, "Capturing Unmet Therapy Need Among Young Children With Developmental Delay Using National Survey Data," *Academy of Pediatrics* 16 (2): 145-53 (2015), <https://pubmed.ncbi.nlm.nih.gov/26183004/>; Emily Feinberg, Michael Silverstein, Sara Donahue, and Robin Bliss, "The Impact of Race on Participation in Part C Early Intervention Services," *Journal of Developmental and Behavioral Pediatrics : JDBP* 32, no. 4 (May 2011): 284–291, <https://doi.org/10.1097/DBP.0b013e3182142fbd>.
12. Emily Feinberg et al., "The Impact of Race on Participation in Part C Early Intervention Services," 284-291. <https://doi.org/10.1097/DBP.0b013e3182142fbd>.
13. National Center for Learning Disabilities, October 19, 2020, "Significant Disproportionality in Special Education," <https://www.nclld.org/sigdispro/>; Advocates for Children of New York and Citizens' Committee for Children of New York, "Early Inequities: How Underfunding Early Intervention Leaves Low-Income Children of Color Behind," <https://cccnewyork.org/data-publications/early-inequities-how-underfunding-early-intervention-leaves-low-income-children-of-color-behind/>.

14. The terms used to describe race and ethnicity in these pie charts are the same as those used in the sources for this data. Throughout the rest of this report, we follow Education Trust language and style guidelines on race and ethnicity. Data in these pie charts are from the following sources: Association of American Medical Colleges, "Diversity in Medicine: Facts and Figures 2019," <https://www.aamc.org/data-reports/workforce/report/diversity-medicine-facts-and-figures-2019>; The Annie E. Casey Foundation Kids Count Data Center, "Child Population by Race and Age Group in the United States," 2019, <https://datacenter.kidscount.org/data/tables/8446-child-population-by-race-and-age-group?loc=1&loct=1#.YGPPqr6xcWs.link>.
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My child  
will soar!

## ABOUT THE EDUCATION TRUST

The Education Trust is a national nonprofit that works to close opportunity gaps that disproportionately affect students of color and students from low-income families. Through our research and advocacy, Ed Trust supports efforts that expand excellence and equity in education from preschool through college; increase college access and completion, particularly for historically underserved students; engage diverse communities dedicated to education equity; and increase political and public will to act on equity issues.



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## ABOUT THE NATIONAL CENTER FOR LEARNING DISABILITIES

The National Center for Learning Disabilities (NCLD) is a Washington, DC-based national policy, advocacy, and research organization that works to improve the lives of the 1 in 5 children and adults nationwide with learning and attention issues — by empowering parents and young adults, transforming schools, and advocating for equal rights and opportunities.



 [ncld.org](https://ncld.org)  [/NCLDorg](https://www.instagram.com/NCLDorg)  [/NCLDorg](https://www.facebook.com/NCLDorg)  [/NCLDorg](https://www.linkedin.com/company/NCLDorg)  [@NCLDorg](https://twitter.com/NCLDorg)

## ABOUT ZERO TO THREE

ZERO TO THREE works to ensure all babies and toddlers benefit from the family and community connections critical to their well-being and development. Since 1977, the organization has advanced the proven power of nurturing relationships by transforming the science of early childhood into helpful resources, practical tools, and responsive policies for millions of parents, professionals and policymakers.



ZERO TO THREE  
Early connections last a lifetime

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