The Importance of Early Intervention
for Infants and Toddlers with Disabilities and their Families

Fact sheet prepared by NECTAC
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The Infants and Toddlers with Disabilities Program (Part C) of the Individuals with Disabilities Education Act (IDEA) was created in 1986 to enhance the development of infants and toddlers with disabilities, **minimize potential developmental delay**, and reduce educational costs to our society by minimizing the need for special education services as children with disabilities reach school age.[1] Part C provides early intervention (EI) services to children aged birth to three with developmental delays or a medical condition likely to lead to a developmental delay. Some states also serve infants and toddlers who are at heightened risk for developmental delay due to biological/medical factors or their environmental/caregiving circumstances.

The Part C program recognizes that **families play a crucial role** in optimizing their child's development and aims to enhance the capacity of families to meet the special needs of their infants and toddlers. Services are based on an Individualized Family Service Plan (IFSP) that is jointly developed by family members and service providers, taking into account the child's developmental needs and the family's concerns and priorities.

Part C recognizes that infants and toddlers with disabilities have a right to receive services in their home or in other community places and programs that are available to all young children. This assures that learning takes place during **everyday activities with familiar people** in typical settings, which best supports early development.

In 2009, Part C served 348,604 children nationally.[2] Part C is not intended to be a stand-alone program. The intent is to **build interagency partnerships** among state agencies and programs in health, education, human services and developmental disabilities.

Why Intervene Early?

Decades of rigorous research show that children's earliest experiences play a critical role in **brain development**. The Center on the Developing Child at Harvard University has summarized this research:[3,4]

- Neural circuits, which create the foundation for learning, behavior and health, are most flexible or "plastic" during the **first three years** of life. Over time, they become increasingly difficult to change.
- Stable **relationships** with caring and responsive adults, safe and supportive **environments**, and appropriate **nutrition** are key elements of healthy brain development.
- Early social/ emotional development and physical health provide the foundation upon which **cognitive and language skills** develop.

These findings underscore the critical importance of intervention in the earliest years. Positive early experiences are essential prerequisites for later **success in school, the workplace, and the community**.

What are the Benefits?

High quality early intervention services can change a child's developmental trajectory and improve outcomes for children, families, and communities. Services to young children who have or are at risk for developmental delays have been shown to **positively impact outcomes across developmental domains**, including health,[4] language and communication,[5-9] cognitive development[10,12] and social/emotional development.[8,10,11]

Families benefit by being able to better meet their children's special needs from an early age and throughout their lives.[10,12] Benefits to society include reducing economic burden through academic success[3,10,13] and a **decreased need for special education**.[13]

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Unmet Needs in Early Intervention

There is a **high need** for good quality Part C early intervention programs.

- **More children are in need of services** than are currently being served. In 2009, 2.67% of the general population of children birth to 3 received early intervention,[2] while research indicates that as many as 13% have delays that would make them eligible[14] under criteria states commonly use.
- Research also indicates a need to **serve children earlier**. At 9 months of age, only 9% of children who have delays that would make them eligible actually receive services; at 24 months of age only 12% receive services.[15]

IDEA requires referral to Part C for any child under the age of 3 who is identified as affected by illegal substance abuse, or is involved in a substantiated case of child abuse or neglect.[1]

- Approximately **10-11% of all newborns have prenatal substance exposure**, a risk factor for poor developmental outcomes. An estimated **90-95% of these infants are sent home at birth without being identified or referred for services**. [16]
- In 2009, 702,000 children experienced **substantiated abuse or neglect**; 40% of these children received no post-investigation services; **one third were under age four**, and **infants under the age of 1 were the most likely to be victims**.[17] These young children often have **high rates of physical, cognitive, social-emotional, relational and psychological problems**.[18,19]

Take Home Message

- High quality early intervention programs for vulnerable infants and toddlers can **reduce the incidence of future problems** in their learning, behavior and health status.
- There is an urgent and substantial need to identify as early as possible those infants and toddlers in need of services to ensure that intervention is provided when the **developing brain is most capable of change**.
- Intervention is likely to be **more effective and less costly** when it is provided earlier in life rather than later.

References

1. Individuals with Disabilities Education Improvement Act of 2004, 20 U.S.C. § 1400 et seq. (2004).
2. Data Accountability Center. (2010). Part C child count: 2009. Retrieved from https://www.ideadata.org/arc_toc11.asp#partcCC
3. Center on the Developing Child at Harvard University (2008). InBrief: The science of early childhood development. Retrieved from http://developingchild.harvard.edu/download_file/-/view/64/
4. Center on the Developing Child at Harvard University. (2010). The foundations of lifelong health are built in early childhood. Retrieved from http://developingchild.harvard.edu/library/reports_and_working_papers/foundations-of-lifelong-health/
5. American Speech-Language-Hearing Association. (2008). Roles and responsibilities of speech-language pathologists in early intervention: Technical report (Technical report). Retrieved from http://www.asha.org/docs/html/TR2008-00290.html
6. McLean, L. K., & Cripe, J. W. (1997). The effectiveness of early intervention for children with communication disorders. In M. J. Guralnick (Ed.), The effectiveness of early intervention (pp. 349–428). Baltimore, MD: Brookes.
7. Ward, S. (1999). An investigation into the effectiveness of an early intervention method or delayed language development in young children, International Journal of Language & Communication Disorders, 34(3), 243–264.
8. Joint Committee on Infant Hearing. (2007). Year 2007 Position statement: Principles and guidelines for early hearing detection and intervention programs. Pediatrics, 120(4), 898-921.
9. Branson, D., & Demchak, M. (2009). The use of augmentative and alternative communication methods with infants and toddlers with disabilities: A research review. Augmentative & Alternative Communication, 25, 274-286.
10. Hebbeler, K., Spiker, D., Bailey, D., Scarborough, A., Mallik, S., Simeonsson, R., & Singer, M. (2007). Early intervention for infants & toddlers with disabilities and their families: participants, services, and outcomes. Final Report of the National Early Intervention Longitudinal Study (NEILS). Retrieved from http://www.sri.com/neils/pdfs/NEILS_Report_02_07_Final2.pdf
11. Landa, R. J., Holman, K. C., O'Neill, A. H., & Stuart, E. A. (2010). Intervention Targeting Development of Socially Synchronous Engagement in Toddlers with Autism Spectrum Disorder: A Randomized Controlled Trial. Journal of Child Psychology and Psychiatry, 52(1):13-21. doi: 10.1111/j.1469-7610.2010.02288
12. Bailey, D. B., Hebbeler, K., Spiker, D., Scarborough, A., Mallik, S., & Nelson, L. (2005). Thirty-six-month outcomes for families of children who have disabilities and participated in early intervention. Pediatrics, 116, 1346-1352.
13. Hebbeler, K. (2009). First five years fund briefing. Presentation given at a Congressional briefing on June 11, 2009, to discuss Education that works: The impact of early childhood intervention on reducing the need for special education services. Retrieved from http://www.sri.com/neils/pdfs/FFYF_Briefing_Hebbeler_June2009_test.pdf
14. Rosenberg, S., Zhang, D. & Robinson, C. (2008). Prevalence of developmental delays and participation in early intervention services for young children. Pediatrics, 121(6) e1503-e1509. doi:10.1542/peds.2007-1680
15. Feinberg, E., Silverstein, M., Donahue, S. & Bliss, R. (2011). The impact of race on participation in Part C Early intervention services. Journal of Developmental and Behavioral Pediatrics, 32(4), 1-8.
16. National Center on Substance Abuse and Child Welfare. (2009). Substance exposed infants: State responses to the problem. Retrieved from http://www.ncsacw.samhsa.gov/files/Substance-Exposed-Infants.pdf
17. U.S. Department of Health and Human Services, Administration for Children, Youth and Families. (2010). Child maltreatment 2009. Retrieved from http://www.acf.hhs.gov/programs/cb/pubs/cm09/index.htm
18. Wiggins, C., Fenichel, E. & Mann, T. (2007). Literature review: Developmental problems of maltreated children and early intervention options for maltreated children. Retrieved from http://aspe.hhs.gov/hsp/07/Children-CPS/litrev/report.pdf
19. Barth, R. P., Scarborough, A., Lloyd, E. C., Losby, J., Casanueva, C., & Mann, T. (2007). Developmental status and early intervention service needs of maltreated children. Retrieved from http://aspe.hhs.gov/hsp/08/devneeds/index.htm

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