



The Impact of COVID-19 on Early Intervention: How States Can Support Our Youngest Learners

The COVID-19 crisis has made delivering early intervention services much more challenging and could exacerbate racial inequities in health and education. But we can only fix what we can measure — so it is vital that states collect and report better data.

Our survey of state coordinators of early intervention services in fall 2020 focused on Black and Latino families, families with limited English proficiency, and families with low incomes. Twenty-nine coordinators responded, and here's what they reported:

We asked how **referral rates, wait times from referral to evaluation, and early intervention service rates** had changed for Black and Latino families, families with limited English proficiency, and families with low incomes, but **there was not enough data to determine that nationally, because many states do not collect disaggregated data.**

REFERRAL RATES

Since the pandemic began, **overall referral rates have dropped.**

- Referral rates for Black and Latino families and families with limited English proficiency have **dropped** in five states.
- Referral rates for families with low incomes also **dropped** in four states.
- However, **there was wide variation in the data, and many states did not have data to report.**

WAIT TIMES FROM REFERRAL TO EVALUATION

Since the onset of the pandemic, many children have had to **wait longer than usual** to receive an evaluation and to establish eligibility for early intervention services.

- **Ten states have had an overall increase in wait times** amid the pandemic, four reported no significant change, and two reported a decrease.¹
- However, **there was wide variation in the data, and 18 states did not have data to report.**

EARLY INTERVENTION SERVICE RATES

Since the start of the pandemic, **fewer children have received early intervention services.**

- Overall **early intervention service rates have decreased in 15 states** and were higher in one state.²
- **Early intervention service rates have dropped** for Black children and children from families with limited English proficiency in five states, Latino children in seven states, and children from families with low incomes in four states.
- Service rates did not change for Black children in nine states, Latino children in seven states, children from families with limited English proficiency in five states, and children from families with low incomes in three states.
- However, **many states did not have data to report.**

COORDINATORS ALSO REPORTED THESE CHALLENGES:

- Identifying & locating children who are potentially eligible for services
- Delivering services at the same level of quality and at the same frequency as before the pandemic
- Identifying & locating children from families with limited English proficiency and from families with low incomes
- Inequities in access to technology (including broadband internet) for high-quality virtual visits
- Challenges in transitioning from early intervention to preschool services
- Varying levels of comfort with virtual evaluations and service delivery among providers
- Helping families understand the value of virtual services

STATE GUIDANCE

We asked coordinators whether their state had provided guidance amid the pandemic on these aspects of early intervention services:

- **Conducting Child Find activities.** Three state coordinators reported that they **were not conducting Child Find activities at all** at the time of the survey. Most respondents said that they were providing further guidance on conducting family outreach during the pandemic, in order to identify and locate eligible children, and on obtaining parental consent using electronic or digital signatures, which has been an added challenge for many states during the pandemic.
- **Providing evaluation and assessment.** Coordinators in two states that were conducting evaluations and assessments virtually noted that they had not received state guidance on how to do so. One coordinator in a state conducting in-person evaluations said their state had failed to provide guidance, protocols, and physical spaces for safely conducting evaluations.
- **Providing services for families with limited English proficiency.** Fewer than half of the survey respondents indicated that their state provided guidance on delivering services virtually to families with limited English proficiency.
- **Providing services for families without reliable internet access.** One-quarter of the respondents reported that their state had failed to provide guidance on delivering services to families who lack reliable internet access.

Bright Spots: What's Working During the Pandemic

Despite the many challenges the pandemic has presented, early intervention coordinators who participated in our survey identified several bright spots:

- **Increased family engagement.** The ability to have virtual visits increased family engagement in some states.
- **Opportunities to strengthen coaching skills.** Virtual visits gave interventionists an opportunity to hone their family coaching skills when they couldn't provide in-person, hands-on services.
- **Enhanced technological capabilities.** The pandemic has prompted some states to modernize their technological capabilities for early intervention.
- **Better collaboration.** This crisis has led state early intervention programs across the country to develop new ways to support each other and share information about what is and isn't working.



Recommendations for Making Early Intervention More Equitable

The federal government is providing states with unprecedented amounts of funding for young children and families through the [American Rescue Plan](#), and states can apply portions of this funding toward more equitable early intervention services, including \$250 million for IDEA Part C, \$1 billion for Head Start/Early Head Start, and \$150 million for the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. States should use these funds, combined with preexisting funding streams, to increase access to equitable early intervention services for young children and families. States can act in the following ways to capitalize on lessons learned and make services more equitable as they address missed opportunities for early intervention during the pandemic:

1. Collect and publicly report better data.

States should collect and publicly report early intervention data that is disaggregated by race/ethnicity, income level, and dual language learner status, and provide the [infrastructure](#) to do so seamlessly.

2. Give evidence-based guidance.

States should give Part C coordinators and related agencies clear [guidance](#) on [conducting](#) virtual Child Find, evaluation and assessment, and Part C service delivery — particularly with regard to families without reliable internet and families with limited English proficiency. Since our survey was conducted, guidance has substantially increased, allowing states to be able to share resources and promising practices with one another and to be prepared for future situations in which remote service delivery will be necessary.

3. Learn from bright spots.

States should incorporate successful practices that others have used and adapt them to fit their own needs for regular early intervention work going forward.

4. Strengthen Child Find.

States should increase their investment in Child Find activities in the coming year, as it is likely that many children who are eligible for early intervention services have not been identified. Given prior research showing that Black and Latino children are under-identified even in non-pandemic times, states should target funding and innovate strategies for locating and identifying children of color who are potentially eligible. Universal screening is one way in which states could potentially reduce racial disparities in Child Find access.³

5. Make “at-risk” children eligible for IDEA Part C services.⁴

Only six states actually do so, meaning that many children who would likely benefit greatly from services are not eligible for them and are missing out on important interventions that would strengthen their development.⁵ More federal funding for IDEA might induce more states to include “at-risk” children in Part C eligibility.



6. Strengthen guidance and policies for reaching families with home languages other than English.

States should consider the challenges that early intervention professionals face and the promising practices they are using while working with these families amid the pandemic, evaluate and take stock of state resources for culturally and linguistically competent early intervention practices, and strengthen guidance and policies. States that have collected useful resources and had success should share promising practices and resources with other states.

7. Prepare for higher post-pandemic referral rates, including in preschool and early elementary school.

Referral rates have dropped amid the pandemic, so it is likely that they will rise once young children return to early childhood education settings and visit pediatricians more regularly. Higher referral rates are also likely for children who were preschool age during the pandemic and are, or soon will be, transitioning to kindergarten. In fact, under-identification amid the pandemic could produce a surge of referrals in elementary schools in the coming years. What's more, children who were found eligible for services before the pandemic, but have been unable to regularly access services amid the outbreak, may require additional services once in-person programming resumes. States should invest in more early intervention and early childhood special education teachers and specialists. Prior to the pandemic, there was already a steady decline in the supply of special education teachers, resulting in higher student-to-teacher ratios in special education.⁶ Strengthening the special educator pipeline will be critical as in-person early intervention and early childhood special education resume.



ENDNOTES

1. Four states reported that they did not collect this data; two reported that they had collected it but not yet analyzed it; and seven did not respond to this survey question.
2. One state had collected this data but not yet analyzed it, and 12 states did not respond to this survey question.
3. Beth M. McManus, Zachary Richardson, Margaret Schenkman, Natalie J. Murphy, Rachel M. Everhart, Simon Hambidge, and Elaine Morrato, "Child characteristics and early intervention referral and receipt of services: A retrospective cohort study," *BMC Pediatrics*, no. 20 (2020), <https://doi.org/10.1186/s12887-020-1965-x>; 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," December 2019, <https://s3.amazonaws.com/media.cccnewyork.org/2020/12/EI-Report-FINAL-12-4-19.pdf>; 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>; James P. Guevara, Marsha Gerdes, Russell Localio, Yuanshung V. Huang, Jennifer Pinto-Martin, Cynthia S. Minkovitz, Diane Hsu, Lara Kyriakou, Sofia Baglivo, Jane Kavanagh, and Susmita Pati, "Effectiveness of Developmental Screening in an Urban Setting," January 2013, *Pediatrics*, 131 (1):30-37; <https://doi.org/10.1542/peds.2012-0765>.
4. "At-risk infant or toddler" is defined in [§303.5 of IDEA](#): "At-risk infant or toddler means an individual under three years of age who would be at risk of experiencing a substantial developmental delay if early intervention services were not provided to the individual. At the State's discretion, at-risk infant or toddler may include an infant or toddler who is at risk of experiencing developmental delays because of biological or environmental factors that can be identified (including low birth weight, respiratory distress as a newborn, lack of oxygen, brain hemorrhage, infection, nutritional deprivation, a history of abuse or neglect, and being directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure). (Authority: 20 U.S.C. 1432(1), 1432(5)(B)(i) and 1437(a)(6))."
5. ZERO TO THREE, "State of Babies Yearbook 2021," April 2021, <https://stateofbabies.org/>.
6. Margaret Kamman, Paul Sindelar, Lindsey Hayes, and Amy Colpo, "Short-Term Strategies for Dealing with Shortages of Special Education Teachers," n.d., <https://ceedarnic.org/sites/default/files/2019-11/Short-Term%20Strategies%20for%20Dealing%20With%20Shortages%20of%20Special%20Education%20Teachers.pdf>.

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