

Expand Early Intervention Supports and Services

Research has shown the most rapid period of brain development happens from birth to three years of age and intervening early makes a significant impact on children's outcomes.¹ Children who receive early and regular developmental screenings and access to high quality early care and education demonstrate lasting improvements in social competence, emotional regulation, cognition and often achieve long-term health and educational benefits.² For children at significant risk, early intervention (EI) can serve as a protective buffer against adverse influences that may hinder optimal development.³

The North Carolina Early Intervention Branch is the lead agency for the NC Infant-Toddler Program (ITP). The Infant-Toddler Program provides supports and services for families and their children, birth to three who have special needs. The Infant-Toddler program is supported through the work of 16 Children's Developmental Services Agencies (CDSAs) serving all 100 counties in the state. In addition, the work is provided through approximately 765 partner agencies (~3000 individuals) that function as contractual service providers. The NC Interagency Coordinating Council (ICC) serves in an advisory capacity to the lead agency.⁴

What is Early Intervention?

Early Intervention is a federal grant program that provides funds to states to coordinate services for infants and toddlers (birth to age 3) with disabilities or developmental delays, regardless of family income. Early intervention services are authorized by Part C of the Individuals with Disabilities Education Act (IDEA).

North Carolina provides early intervention services to young children who have developmental delays or established medical conditions, but does *not* serve children who are *at risk* of developmental delay. Given that EI maintains a family-centered approach, the services can help parents and caregivers develop skills to interact with and care for their infant or toddler in a way that will best support their development, which is especially important when children are *at risk* of developmental delay.⁵ The goal is to increase ITP staffing in 2021 and expand eligibility to include children who are at risk for developmental delay in subsequent years. Currently approximately 5% of infants and toddlers in North Carolina are served by Part C (approximately 20,000 children). Expanded eligibility could extend services to an additional 40,000 (15%) of North Carolina's youngest children.⁶

The COVID-19 pandemic has caused widespread hardship among North Carolina families.⁷ The additional funding for the ITP will not only allow staff to spend more time providing coaching to families on ways to support the developmental needs of their children, it will also provide needed services for children who have experienced trauma or have social-emotional developmental delays. Increased funding could also support the creation of a trauma-informed system of practitioners with increased knowledge, confidence, and skills in addressing early childhood trauma and social-emotional development.

Why Is This Important to Do Now?

Early intervention programs partner with families to support optimal child development that leads to school readiness.

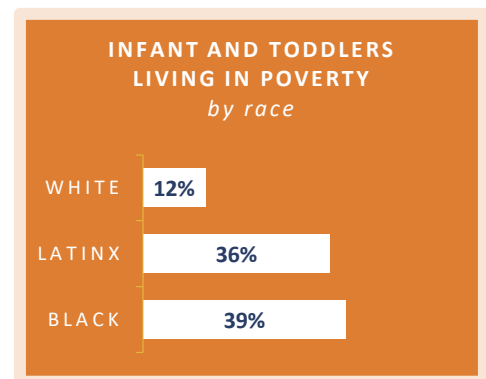
High-quality early intervention services can change a child's developmental trajectory and improve outcomes for children, families, and communities.⁸ Services are provided within the child's natural environment as a part of the everyday routines and activities in which families participate and in places where families would typically be. Natural environments are settings that are natural or normal for the child's age peers who have no disabilities. When services take place children can be at home with their families or at places within the community like the park, playground or daycare with other care providers.⁹ The family partnership feature of early intervention offers a unique opportunity to address issues in a holistic manner that benefits the child and family for many years beyond the period of early childhood.

Early intervention offers services for families with children who have experienced trauma or have social-emotional developmental delays.

Research has shown that strong infant-toddler social-emotional outcomes are foundational for healthy development.¹⁰ Children with ongoing mental health needs are at risk for developmental delay or disability without necessary interventions.¹¹ Brain science also demonstrates that children facing trauma and toxic stress are more likely than their peers to develop delays and medical conditions.¹² Research suggests that the potential for negative developmental outcomes increases substantially when a child has multiple risk factors. For example, infants and toddlers who have been maltreated are six times more likely than the general population to have a developmental delay.¹³ Further, evidence demonstrates that children entering early intervention are far more likely than the general population to be in foster care. Early intervention can help ameliorate outcomes for children at-risk for or with developmental delays and/or medical conditions.¹⁴ Coaching parents to support their child's development in the course of daily routines is a critical best practice that provides opportunities to help parents interact with infants and toddlers in ways that build nurturing relationships.

Early intervention is a crucial component to promote equity.

The expansion of early intervention services is a critical component for promoting racial equity and ensuring that all infants and toddlers are on track developmentally. Many young children, particularly children of color, experience circumstances and disparities that increase their developmental risk, including: families with low income, preterm birth, food insecurity, and crowded housing, to name a few. Of the children in North Carolina who experienced two or more adverse childhood experiences, 25% live in families with low incomes; and in North Carolina, 39% of Black babies and 34% of Latinx babies live in poverty compared to 12% of white babies.¹⁵ Expanding early intervention services to serve children who are at risk of developmental delay will help ensure that all infants and toddlers, particularly from families of color or with low incomes, have more equitable access to opportunities for early detection and connection to support services to help them reach their full potential.



Early intervention may decrease the need for remedial or special education.

The National Early Intervention Longitudinal Study (NEILS) Special Education and Part C Programs tracked children with a developmental delay and found that 46% did not need special education by the time they reached kindergarten as a result of early intervention services.¹⁶ As a way to reduce the costly impact of providing special education services, some states extend eligibility for early intervention services to children with risk factors that make it likely a child will experience a delay or disability without an intervention.¹⁷ This

strategy of expanding eligibility to children who are at risk for a developmental delay is an important component of a state's comprehensive approach to early intervention programs.

Early intervention is cost effective, but the Infant-Toddler Program is currently underfunded.

Intervention is more effective and less costly when it is provided earlier in life rather than later. In fact, Nobel Laureate economist James Heckman's research makes the economic case for early childhood investments starting before birth.¹⁸ This research found that providing interventions from birth produces a 13% return on investment per child per annum, significantly higher than just investing in preschool interventions alone.¹⁹ Currently, the North Carolina Infant-Toddler Program is underfunded. In the past decade, early intervention has been cut by over 50% of state appropriations. In addition, over the past five years, enrollment rates have increased by over 10%.²⁰ With the high rate of return on investment for early intervention programs, adequate funding for these services in North Carolina is a sound policy investment.

Expanding early intervention services is supported by NC state plans and national experts.

In the recent Leandro Count decision, WestED, the consultant for the plaintiffs, identified early intervention as a recommended investment in the state's efforts to achieve a sound basic education for all.²¹ Leading child well-being plans of action, including the North Carolina Early Childhood Action Plan, and The North Carolina Pathways to Grade-Level Reading Action Framework, include these same recommendations for expanding early intervention services in North Carolina.

North Carolina is working with national experts to develop a more robust system of supports and services within the early intervention program. The NC Department of Health and Human Services is currently receiving national technical assistance from the Georgetown Center for Children and Families, The National Center on Child Poverty, The Alliance for Infant Mental Health, The National Center for Pyramid Model Interventions and Zero to Three. These combined efforts to examine system supports and enhance early intervention services will lead to strong outcomes for all infants and toddlers across our state.



Think Babies™ NC Alliance

The Think Babies™ NC Alliance seeks to ensure that North Carolina's youngest children, prenatal to age 3, benefit from effective and equitable public policies, programs, and funding so that all children have what they need to thrive: healthy beginnings, supported families, and quality early care and learning experiences.

For more information:

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