



Addressing the Needs of Young Children in Child Welfare: Part C—Early Intervention Services

Early intervention (EI) services can help young children with developmental delays or disabilities and their families overcome challenges and achieve improved well-being and outcomes. The Part C referral provisions in the 2003 reauthorization of the Child Abuse Prevention and Treatment Act (CAPTA) and in the Individuals With Disabilities Education Improvement Act of 2004 (IDEA) opened the door to an effective partnership between the child welfare and EI systems, which may benefit children birth to age 3 involved in substantiated cases of abuse or neglect. This partnership can expand the array of supports and resources for children and their caregivers in order to help children remain safely in their homes, stabilize placements, and improve well-being. It also can help child welfare staff in assessment and permanency planning.

This bulletin describes the intersection of child welfare and EI, provides an overview of the Part C process, and outlines the challenges and strategies for implementing Part C provisions.

WHAT'S INSIDE

Child welfare and early intervention

Steps in the early intervention process

Implementation challenges

Strategies to enhance early intervention

Conclusion

Additional resources

References

Child Welfare and Early Intervention

There is significant overlap in the population of young children with substantiated cases of abuse or neglect and those who experience developmental delays. In recognition of this connection, Federal legislation requires child welfare professionals to refer potentially eligible children to EI programs (EIPs) for identification.

The Intersection of Child Welfare and Child Disability

Child maltreatment and disabilities have a bidirectional relationship. Children with disabilities, including developmental disabilities, are at least three times more likely to be victims of maltreatment (Jones et al., 2012), and children who are victims of child maltreatment often experience physical, cognitive, emotional, behavioral, and social problems, including attachment disorders, cognitive delays, and altered brain development (Child Welfare Information Gateway, 2015).

The risk of maltreatment is greatest for the very young. In 2016, 28.5 percent of maltreatment victims were under 3 years of age, with children younger than 1 year having the highest victimization rate (24.8 per 1,000 children of the same age group) (U.S. Department of Health and Human Services [HHS], Administration for Children and Families [ACF], Children’s Bureau, 2018). Studies show that many (35 to 68 percent) preschool-aged children involved with child welfare demonstrate delays in a variety of areas, including neurological and cognitive development, early language skills, and behavior (Johnson-Motoyama, Moses, Conrad-Hiebner, & Mariscal, 2016).

Providing early services and intervention to support the healthy development of young children can have positive effects that last throughout childhood and into adulthood (Center on the Developing Child at Harvard University, 2010). These services can impact children in a variety of domains, including physical and mental health, language and communication, cognitive development, and social and emotional development (National Early Childhood Technical Assistance Center, 2011).

For more information about disabilities and child welfare, refer to *The Risk and Prevention of Maltreatment of Children With Disabilities* at <https://www.childwelfare.gov/pubs/prevenres/focus/>.

Early Intervention Legislation

In recognition of these risks and the benefits of EI, the Keeping Children and Families Safe Act of 2003 (P.L. 108–36), which reauthorized CAPTA, required States to develop “provisions and procedures for referral of a child under age 3 who is involved in a substantiated case of child abuse or neglect to EI services funded under Part C of the Individuals With Disabilities Education Improvement Act” (§ 106(b)(2)(A)(xxi)). The 2004 reauthorization of IDEA contains language parallel to this.¹

IDEA 2004 also details specific requirements for State EIPs, which are administered by lead agencies in each State (including departments of health, developmental disability, social services, children and families, or education). The lead agencies apply annually for their Part C grant awards and must meet certain requirements to participate, including the following:

- Ensure that appropriate EI services will be available to all eligible infants and toddlers in the State, including those who are in foster care, in the custody of a public child welfare agency, or otherwise considered a ward of the State.

¹ IDEA requires States seeking grants to include in their applications “a description of the State policies and procedures that require the referral for early intervention services ... of a child under the age of 3 who – (A) is involved in a substantiated case of child abuse or neglect; or (B) is identified as affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure.” (20 U.S.C. § 637(a)(6)). CAPTA section 106 [42 U.S.C. 5106a], subsection (b)(2)(A)(xxi), discusses specific elements that must be included in a State’s plan, including “provisions and procedures for referral of a child under the age of 3 who is involved in a substantiated case of child abuse or neglect to early intervention services funded under part C of the Individuals With Disabilities Education Act.” Subsection (b)(2)(A)(iii) requires “the development of a plan of safe care for the infant born and identified as being affected by substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder. . . .” The Comprehensive Addiction and Recovery Act of 2016 (P.L. 114–198) amended CAPTA to address all forms of substance abuse rather than “illegal substance abuse,” as had been specified in the 2003 reauthorization.

- Implement a comprehensive Child Find system to identify, locate, and evaluate children needing EI services and to raise public awareness about what EI services are available. The lead agency must coordinate Child Find activities with other programs, including child protection and foster care. Child Find efforts usually include outreach to child protection and preventive services agencies, as well as to hospitals and clinics that are likely to see infants and toddlers who have been abused or neglected. (For more information about Child Find, visit <http://ectacenter.org/topics/earlyid/idoverview.asp>.)
- Establish an Interagency Coordinating Council (ICC) to advise and assist the lead agency in implementing the Part C program. ICCs include representatives from various State agencies, including the State child welfare agency responsible for foster care. At least 20 percent of ICC members must be parents of children with disabilities. (For links to State ICC websites, visit the Early Childhood Technical Assistance [ECTA] Center at <http://ectacenter.org/contact/contacturl.asp?gc=104>.)

To view the full text of IDEA and the final regulations, which were released in 2011, visit <https://sites.ed.gov/idea/statute-chapter-33/subchapter-III> (statute) and <https://sites.ed.gov/idea/regs/c> (final regulations). To view nonregulatory guidance from the Department of Education about changes to Part C made in the final regulations, visit https://sites.ed.gov/idea/files/original_Final_Regulations-_Part_C-DOC-ALL.pdf. To view States' Part C regulations and policies, refer to <http://ectacenter.org/partc/statepolicies.asp>.

In general, children ages 3 to 21 with disabilities can receive special education as outlined in Part B of IDEA, but States have the option to extend their Part C programs for children from age 3 until they enter, or are eligible to enter, kindergarten. Parents of children in extended Part C can decide to switch their child to the Part B program at any time. For more information about Part B, visit <http://ectacenter.org/topics/earlyid/partbelig.asp>. To read about the differences between Part C and Part B eligibility, visit <http://www.infantheating.org/earlyintervention/docs/aspect-idea-part-c-and-idea-part-b.pdf>.

By the Numbers: Part C Eligibility and Service Receipt

In 2016, 372,896 children under age 3 in the United States (including Washington, DC, and the Territories) received EI services through Part C (U.S. Department of Education, 2017). This accounts for 3.1 percent of all children in the United States under age 3. These data include children who were referred through the child welfare system as well as other referral sources.

Due to the CAPTA Reauthorization Act of 2010 (P.L. 111–320), States began providing annual data in 2014 about the number of children under 3 who are involved in a substantiated case of child maltreatment and who were eligible to be referred to Part C agencies as well as the number of those children actually referred. In the 23 States that were able to report both eligibility and referral data, 67 percent of children who were eligible were also referred to the appropriate agencies (HHS, ACF, Children's Bureau, 2018).

The Comprehensive Addiction and Recovery Act of 2016 (P.L. 114–198) added another requirement for States to provide data on the number of infants identified as being affected by substance use or withdrawal symptoms resulting from prenatal drug exposure, or a fetal alcohol spectrum disorder; the number of infants with safe care plans; and the number of infants for whom service referrals were made, including services for the affected parent or caregiver. States will begin submitting those elements with their 2018 data.

Benefits of Part C for Child Welfare

Referrals to EIPs support a State’s capacity to enhance the safety, permanency, and well-being of children and their families in the following ways:

- Referrals to EIPs enhance service availability and accessibility, enabling children to receive appropriate Individualized Family Service Plan (IFSP) services to meet their identified needs and to support their families’ capacity to help them grow and develop. (See the Steps in the Early Intervention Process section for more information about the IFSP.)
- The child development services provided by EIPs support and strengthen families, which can help maintain child safety, prevent removals, promote reunification, and stabilize placements.
- CAPTA’s referral provisions help State child welfare administrators comply with Federal child welfare regulations to ensure that “families have enhanced capacity to provide for their children’s needs; children receive appropriate services to meet their educational needs; and children receive adequate services to meet their physical and mental health needs” [45 CFR 1355.34(b)(1)(iii)].

How Child Welfare Can Support Part C Efforts

Child welfare workers can help ensure that the developmental needs of children who are abused and neglected are addressed by attending training on child development, referring children to EIPs, and working closely with EIP staff. An EIP service coordinator can then help families (and child welfare professionals) navigate the eligibility process, design an IFSP, and ensure needed services are provided.

EIPs also permit caregivers to consent to and participate in services that can help them enhance their child’s development.² The stress of caring for a child with a disability or delay can strain family resources and threaten family stability. Child welfare professionals can refer

² Foster parents can be considered parents or serve as surrogate parents under EIPs, and many States include foster parents under the parent definition of the 2004 IDEA 20 U.S.C. 1401(23). For more information on surrogate parents, refer to the Strategies to Enhance Early Intervention section in this bulletin.

caregivers to an EIP, and, if eligible, identified services, such as respite care or home visiting, may help them manage the stress of parenting their children, encourage the recruitment and retention of foster and adoptive families, stabilize placements, and support reunification. For more information on these services for caregivers, refer to the Strategies to Enhance Early Intervention section in this bulletin.

Steps in the Early Intervention Process

Although the exact process in each jurisdiction may vary depending on State policies, the following are the basic steps in the EI process, as outlined in Federal law (National Dissemination Center for Children with Disabilities, 2017).

Step 1: Referral

A child under the age of 3 is referred to Part C because of a possible developmental delay or disability. The referral can originate with a child welfare professional, an early education specialist, a physician, or other professionals (collectively known as primary referral sources), but a parent can also make the referral. When a child is identified as being potentially eligible for Part C, primary referral sources must make a formal referral to the EIP as soon as possible but in no case more than 7 days after the child has been identified as potentially eligible. All children under age 3 who (a) are the subject of a substantiated case of abuse or neglect or (b) are identified as being directly affected by substance use or withdrawal symptoms resulting from prenatal drug exposure must be referred to the EIP. Child welfare professionals also are able to refer other children they believe may be eligible for services.

Developmental Needs in Substantiated and Unsubstantiated Cases

Although child welfare agencies are required to refer any substantiated case of maltreatment of children under age 3 to the EIP, they can also refer children under 3 involved in unsubstantiated cases. In fact, a national study found that children in unsubstantiated cases have the same rate of developmental need as those in substantiated cases (Johnson-Motoyama et al., 2016). Children involved with substantiated cases, however, were referred to EIPs at nearly twice the rate for those in unsubstantiated cases (18 percent versus 9 percent). The same study also found that Hispanic children with foreign-born parents had significantly more developmental needs than other populations but had lower rates of referral and service receipt. To ensure equitable referral of child welfare-involved children, child welfare professionals should carefully review all cases involving young children to determine the need for a Part C referral.

for Part C services. Each State has its own definition of developmental delay. (See State Eligibility Definitions later in this section for additional information.) If the child is eligible for services due to having a specified diagnosed physical or mental condition that will likely result in a developmental delay, an evaluation to determine eligibility is not necessary.

- If the evaluation determines that the child is eligible, the EIP conducts two assessments: (1) a multidisciplinary assessment to determine the child's unique strengths and needs and which services may be appropriate and (2) a family-directed assessment that focuses on supports and services the family may require to meet the developmental needs of the child.
- If the child is not found to be eligible, the parents are informed in writing of the finding and their right to dispute it. The notice that parents receive with the findings is called prior written notice, and they also receive a procedural safeguards notice that details their rights in the process, including dispute resolution. State practice varies in cases in which a child is deemed to be at risk for developmental delays but is not eligible for Part C services. Other possible referrals include pediatric care providers, local health departments, help lines, parent groups, or some combination of resources.

Step 2: Eligibility Determination

The lead agency has 45 days to make eligibility determinations and hold the initial IFSP meeting. The following activities help determine whether a child should receive EI services:

- Prior to each screening, evaluation, or assessment, the lead agency must provide the child's parents with written notification about the proposed activity, and the parents must provide written consent in order to proceed.
- States have the option to screen a child to determine whether the child is suspected of having a developmental delay before conducting the evaluation. The screening is considered part of the 45-day timeline for referral to the initial IFSP meeting.
- The EIP conducts a timely, comprehensive, and multidisciplinary evaluation of the child to determine if the child has a developmental delay and is eligible

State Eligibility Definitions

Aside from eligible children needing to be under the age of 3, IDEA stipulates that children must have either a developmental delay or a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay. (For a list of conditions, view the IDEA regulations at <http://www.gpo.gov/fdsys/pkg/CFR-2012-title34-vol2/xml/CFR-2012-title34-vol2-sec303-21.xml>.) States are able to develop their own criteria for determining the presence of developmental delays and what physical or mental conditions qualify a child for eligibility. States also have the option to serve children under 3 years who would be at risk of experiencing a substantial developmental delay if EI services were not provided. This could include children who are at risk of experiencing developmental delays because of biological or environmental factors that can be identified, including a history of maltreatment. (For a more extensive list of factors, refer to the IDEA regulations at <http://www.gpo.gov/fdsys/pkg/CFR-2012-title34-vol2/xml/CFR-2012-title34-vol2-sec303-5.xml>.)

To view a summary of State definitions, including links to State websites, visit http://ectacenter.org/~pdfs/topics/earlyid/partc_elig_table.pdf.

Step 3: Initial IFSP

The IFSP is a written plan that sets outcomes for the child and family and describes the services that will be provided to them. It is developed by the IFSP team, which includes the parents, the service coordinator, individuals who conducted the evaluation and assessment, and persons who will provide EI services, as well as other family members and a family advocate, if requested by the parent. The IFSP must include certain information, such as the child's current levels of functioning; family resources, priorities, and concerns; and the services identified as appropriate for the child.

Step 4: Services

EI services are provided to meet the identified functional child outcomes and the family's identified concerns and priorities. Examples of EI services include special instruction, family training, occupational or physical therapy, psychological services, and speech language pathology services. For a complete list and description of EI services, see the Part C regulations at <http://www.gpo.gov/fdsys/pkg/CFR-2012-title34-vol2/xml/CFR-2012-title34-vol2-sec303-13.xml>.

Part C requires that EI services be provided, when appropriate, in the child's "natural environment." This means that the service setting should be typical for a same-aged child without a disability. For example, a day care that serves children both with and without disabilities may be considered a natural environment, but a hospital or clinic might not be considered a natural environment. If the service is not proposed to be provided in a natural

Who Pays for Early Intervention Services?

Federal, State, and local EI funds typically cover the costs of administration, evaluation, and service coordination. However, lead agencies in each State determine how services for eligible children will be funded. Medicaid and Part C are the primary Federal funding sources, with States also using their own general funds, State Medicaid, State Part C, private insurance, and other funding streams. Families may need to pay for certain services on a sliding-scale fee based on their earnings, but they cannot be denied services because they are unable to pay (Congressional Research Service, 2016). Their health insurance, including Medicaid, may cover some services, but its use may require additional parental consent. For additional information about health-care coverage for children in foster care, refer to *Health-Care Coverage for Youth in Foster Care—and After* at <https://www.childwelfare.gov/pubs/issue-briefs/health-care-foster/>.

environment, the IFSP must provide a justification. In addition, parents must give consent for any service provided through an IFSP.

Step 5: IFSP Review and Renewal

At least every 6 months, the IFSP team reviews the plan to determine the degree of progress that has been made and whether any revisions are necessary. Additionally, the IFSP team must conduct an annual review to evaluate progress on the IFSP, discuss the results of any current evaluations and assessments, and revise the plans, as needed. (Not all States require an annual redetermination of eligibility.) Parents must be informed if changes to the IFSP are proposed.

Step 6: Transition Plan and Exit

A transition plan must be included in the child's IFSP not fewer than 90 days and, at the discretion of all parties, not more than 9 months before the child's 3rd birthday. The transition plan outlines what services the child may receive after he or she turns 3. Service options that may be included in the transition plan may include, but are not limited to, preschool services under Part B of IDEA; elementary or preschool services provided through a State's extended Part C option; or early education, Early Head Start (ages birth to 3), Head Start (ages 3 to 5), or child care programs. By the age of 3, the child transitions out of the EIP.

Implementation Challenges

Despite their documented need and eligibility for EIP services, there is concern that children who are involved with the child welfare system and have developmental delays are not consistently referred to or provided EI services (Allen, Hyde, & Leslie, 2012). Challenges to serving this population include the following:

- Children eligible for EI services may not have a consistent caregiver in their lives who can observe their development over time and notice possible delays.
- It is difficult to understand the complexity of the EI system, Federal laws, and State policies and effectively navigate the system on a child's behalf.
- Child welfare professionals, foster parents, and court personnel who are responsible for the well-being of these children are not always trained to identify the developmental needs of children in foster care and may have limited knowledge about Part C services. One study of national data found that child welfare agencies only determined that 11 percent of children they encountered needed developmental services, but study staff observed a much higher rate of developmental needs (18 percent for adaptive functioning, 20 percent for cognitive functioning, and 33 percent for language development) (Johnson-Motoyama et al., 2016).
- Hospitals do not always inform child welfare agencies when infants are affected by prenatal drug exposure as specified in CAPTA (HHS, Substance Abuse and Mental Health Services Administration [SAMHSA] & HHS, ACF, Children's Bureau, 2017).
- At every stage of the EI process beyond referral, Federal legislation under IDEA requires parental consent and participation. Yet, the parents of children who have substantiated reports of abuse and neglect are sometimes unavailable or refuse to provide consent for services.
- Nearly all States (98 percent) responding to a Part C workforce survey reported shortages in personnel who provide Part C services, particularly in rural areas (Moherek Sopko, 2010).
- EI and child welfare agencies may have differing focuses, approaches, policies, and culture, and staff may not understand how the other agency works (Allen, Hyde, & Leslie, 2012). For example, child welfare professionals usually work with families who are involuntarily involved with the child welfare system, while EIP staff often work with families on a voluntary basis.
- Systems involved with EI and child welfare may not have formal channels for communication and may have different policies regarding confidentiality and information sharing (HHS, SAMHSA & HHS, ACF, Children's Bureau, 2017).

Strategies to Enhance Early Intervention

Many States, as well as localities and service providers, have developed policies and procedures to implement the Part C referral provisions of CAPTA and IDEA more effectively. These strategies address existing barriers to identifying, evaluating, engaging, and serving maltreated children and their families.

Establishing Collaborations

Interagency collaboration between child welfare and EIP staff, as well as other relevant agencies and stakeholders, can support successful EI enrollment and service provision. This includes staff from Medicaid programs, hospitals, mental health service providers, public health agencies, maternal and child health agencies, developmental disabilities service providers and agencies, Early Head Start/Head Start programs, schools, and the courts.

Collaborative efforts can help child welfare and EIP agencies do the following:

- Clarify and share information about each system’s procedures
- Identify and convene leaders to facilitate implementation of the referral provisions and ensure compliance with all Federal and State laws and regulations (e.g., Adoption and Safe Families Act, CAPTA, IDEA)
- Identify and tap available funding streams
- Develop written interagency agreements that establish workable referral and information-sharing procedures and ongoing communication mechanisms
- Promote clearer understanding of staff roles in each agency
- Develop consistent guidelines for processes such as obtaining consent, conducting evaluations, and appointing surrogate parents
- Promote and create opportunities for cross-disciplinary training

At the practice level, collaboration between child welfare and the EIP staff can help:

- Spotlight the safety and well-being needs of individual children and families
- Integrate child welfare and EI service goals and services
- Ease certain child welfare workload burdens (i.e., ensuring children’s developmental needs are being met) by engaging the EIP service coordinator as a partner
- Identify staff that can provide consultation and technical assistance for the other agency
- Enhance training programs for child welfare, court, and EIP professionals

States also can develop formal mechanisms or policies to share information with decision-makers responsible for advocating on behalf of abused and neglected children, including judges, attorneys for children and parents, guardians ad litem, and court-appointed special advocates (CASAs).

For additional information about collaboration and EI, refer to the February 2018 issue of *Children’s Bureau Express* at <https://cbexpress.acf.hhs.gov/index.cfm?event=website.viewSection&issueID=193&subsectionID=81>.

Increasing Identification and Referral

Any EI service, including State-initiated screening, must be performed by a qualified professional as defined under IDEA. Some States provide training for child welfare staff in screening for developmental issues. Other States have child welfare staff rely on EI staff, who have had extensive training to conduct these screens. ACF developed an overview of early childhood developmental screening tools, which is available at <https://www.acf.hhs.gov/opre/resource/early-childhood-developmental-screening-a-compendium-of-measures-for-children-ages-birth-to-five>.

The following are technology-driven strategies States have employed to boost referrals (Moses, Johnson-Motoyama, & Shannon, 2016):

- In Utah, information about substantiated cases are automatically sent to the EIP.
- Missouri’s State child welfare data system includes a prompt for workers to make a Part C referral for cases involving substantiated maltreatment of children under age 3.

Encouraging Parental Consent

Even when a referral is made to the EIP, children involved in substantiated cases of maltreatment often face barriers to obtaining an assessment or receiving needed services. Parents of children who have substantiated reports of abuse and neglect may be unavailable to consent to EIP assessment and services. Parents also may be unwilling to participate, fearing intrusion by another State agency. EIP professionals may be unfamiliar with child welfare procedures or strategies for engaging parents who are involuntarily referred to the child welfare system.

The following are potential strategies to address these challenges:

- **Involve court personnel.** A parent’s approval to have a child evaluated for EI services may demonstrate to the court that the parent is willing and able to act in the child’s best interest. A discussion along these lines may be more effective if initiated by the parent’s lawyer or the child’s attorney or CASA.
- **Involve public health nurses.** Some States and localities have successfully used public health nurses to work with families when a family is reluctant to consent to a formal EIP multidisciplinary assessment.
- **Utilize technology.** The Colorado Partnership in Early Childhood Education Services project, a Children’s Bureau grantee, provided tablets for child welfare staff to bring into the field. They used the tablets to generate referrals for families and obtain parental consent (James Bell Associates, 2015).
- **Appoint surrogate parents.** IDEA allows for the courts to appoint a surrogate parent for a child if a

parent cannot be identified, the lead agency or other public agency cannot locate a parent using reasonable efforts, or the child is a ward of the State. IDEA defines “parent” broadly to include biological and adoptive parents, a relative with whom the child is living, a legal guardian, and, in some instances, a foster parent. It specifically precludes any State official from acting as a parent. The role of the surrogate parent is limited to representing the child in all matters related to the EIP. Nothing in Federal law prohibits a foster parent from serving as the surrogate parent; however, States may have laws that limit foster parents serving as surrogates or otherwise acting as parents. For additional information about surrogate parents, refer to these two local guides, which also provide detailed information about Federal implementation: [https://www.pattan.net/getmedia/a69b8612-878b-49c0-9832-b09cf9ca8021/Surrogate_Gd_0517\(Pennsylvania\)](https://www.pattan.net/getmedia/a69b8612-878b-49c0-9832-b09cf9ca8021/Surrogate_Gd_0517(Pennsylvania)) and <http://www.pacer.org/publications/pdfs/SP-1.pdf> (Minnesota).

- **Offer understandable processes and forms.** Both child welfare and EIP agencies have found that formal written agreements and easy-to-use forms that describe interagency policy and operations for seeking parental consent and appointing surrogate parents are helpful.

Supporting Staff

To implement an effective EIP, States must ensure they have an adequate number of staff and that those staff are qualified to work effectively with young children and their families. Staff should have an understanding of child development, Part C requirements, and best practices, including how to work with families in crisis, such as those involved with the child welfare system.

Cross-system training among State agencies, such as early education, child welfare, and the courts, can support workforce development by highlighting Federal, State, and agency requirements; the operation of other systems; and how the agencies can best work together. This can help ensure all stakeholders share the same knowledge and understand one another’s language. It can also assist in identifying and addressing systemic barriers to accessing EIP services.

The following are examples of promising staffing strategies agencies are implementing (Moses, Johnson-Motoyama, & Shannon, 2016):

- Many agencies use a liaison position to facilitate knowledge transfer and collaboration. For example, in Iowa, a liaison oversees collaboration between EI and child welfare agencies, provides education and technical assistance, and oversees data sharing.
- Delaware developed specialty units to work with young children, which allows those staff to develop a deeper knowledge of that population's needs; colocates public health nurses in the child welfare agency to assist with home visits and provide consultations; and has a unit of psychologists and mental health professionals for screenings and assessments in child welfare cases.

Instituting Tracking and Oversight

Referral alone will not necessarily ensure enrollment and services. Several States have developed policies and programs to track both individual children and aggregate case data. These data can inform programmatic and policy decisions and help monitor programs and ensure the accountability that is crucial to high-performing EIPs (ECTA Center, 2015). The courts can also assist in ensuring children are appropriately referred and enrolled in an EIP. Court hearings provide opportunities for judges to inquire about the developmental needs of children and recommend screenings, evaluations, and services.

Conclusion

The Part C referral provisions of IDEA support access to EI services for children who have experienced abuse or neglect and have developmental disabilities. With the high rates of developmental disabilities among young children involved with child welfare, it is critical for child welfare professionals to understand EI process, including when and how to make referrals, and the importance of EI services in the lives of these children and their families. A key component of this process is for child welfare and EI staff to work together to promote knowledge transfer between the fields and promote effective strategies to ensuring children in need of services receive them.

Additional Resources

Center for Parent Information & Resources. Provides information about Parent Training & Information Centers, which help families of children with disabilities, including *Building the Legacy for Our Youngest Children With Disabilities: A Training Curriculum on IDEA 2004's Part C* (<http://www.parentcenterhub.org/legacy-partc/>). <http://www.parentcenterhub.org/>

Child Welfare 360° (Spring 2013). Explores issues related to children with disabilities in child welfare. https://cascw.umn.edu/wp-content/uploads/2013/12/Spring2013_360_web-FINAL.pdf

Child Welfare Information Gateway. Provides information on a wide range of child welfare issues, including Part C of IDEA. <https://www.childwelfare.gov/topics/preventing/prevention-programs/earlychildhood/>

ECTA Center. Supports the implementation of the early childhood provisions of IDEA. <http://ectacenter.org/>

IDEA Infant & Toddler Coordinators Association (ITCA). Promotes mutual assistance, cooperation, and the exchange of information and ideas in the administration of Part C and to provide support to State and Territory Part C coordinators. <http://www.ideainfanttoddler.org/>

Learn the Signs. Act Early. Provides information about an initiative of the HHS Centers for Disease Control and Prevention to improve early identification of children with developmental disabilities. <http://www.cdc.gov/ncbddd/actearly/index.html>

State Part C Coordinators. Lists contact information for the State Part C coordinators and the website for State EI or Part C websites. <http://ectacenter.org/contact/ptccoord.asp>

State Section 619 Coordinators. Lists contact information for the State Part B, section 619, preschool coordinators and the relevant State website. <http://ectacenter.org/contact/619coord.asp>

U.S. Department of Education: Individuals With Disabilities Education Act. Provides resources related to IDEA and its implementing regulations. <https://sites.ed.gov/idea/>

HHS and the U.S. Department of Education issued several joint policy statements on early childhood education and care that may be helpful to child welfare professionals as they work with EI systems:

- *Policy Statement on Inclusion of Children With Disabilities in Early Childhood Programs* (<https://sites.ed.gov/idea/files/joint-statement-executive-summary.pdf>)
- *Policy Statement on Family Engagement: From the Early Years to the Early Grades* (<https://www2.ed.gov/about/inits/ed/earlylearning/files/policy-statement-on-family-engagement.pdf>)
- *Policy Statement on Supporting the Development of Children Who Are Dual Language Learners in Early Childhood Programs* (<https://www2.ed.gov/about/inits/ed/earlylearning/files/dll-policy-statement-2016.pdf>)

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