



Review Article

Factors related to early intervention Part C enrollment: A systematic review

Erica Twardzik, M.S.^{*}, Coral Cotto-Negrón, M.S., Megan MacDonald, Ph.D.

Oregon State University, College of Public Health and Human Sciences, Corvallis, OR 97331, USA

ARTICLE INFO

Article history:

Received 7 June 2016

Received in revised form

17 January 2017

Accepted 25 January 2017

Keywords:

Systematic review

Early intervention

Enrollment

Disabilities

IDEIA

ABSTRACT

Background: The first few years of life are critical for the healthy growth and development of every child. Enrolling children with disabilities or at risk of developmental delay into early intervention services is essential to successfully meet their physical, cognitive, communication, socio-emotional and adaptive needs. However, many children throughout in the United States who are eligible for public services, including early intervention services, are not accessing them. Research has yet to fully describe low enrollment rates and variability in enrollment into early intervention services.

Objective: The objective of this review was to systematically examine current literature on enrollment of children less than three years of age into early intervention (Part C) services through the Individuals with Disabilities Education Act.

Methods: A systematic review of relevant articles in MEDLINE, ERIC, and Google Scholar databases were conducted in March 2015. Two authors independently reviewed abstracts according to established inclusion criteria. Eligible articles were then read, confirmed, and themes were extracted.

Results: Ten articles met established inclusion criteria and were reviewed. The five themes that emerged included policies for children at risk of a developmental delay, funding allocated to programs, eligibility definitions, referral into Part C programs, and structure of the state administrative system.

Conclusions: Future research should identify best practices for policy that would benefit children gaining access to services early on. It is critical that we thoughtfully address policy decisions affecting enrollment of children into early intervention programs during the next reauthorization of IDEA.

© 2017 Elsevier Inc. All rights reserved.

The Individuals with Disabilities Education Act (IDEA) is a law that ensures services to children with disabilities throughout the United States.¹ The law governs how state and public agencies provide early intervention, special education, and related services to children birth through 21 years of age with disabilities. The Program for Infants and Toddlers with Disabilities (Part C of IDEA) is the program responsible for early intervention services administered to children birth to three years of age. Part C enrollment varies from state to state resulting in non-uniform enrollment rates throughout the country.² For example, enrollment is effected by lead agency, which is designated by the state to administer services (e.g., department of health, department of education), thus capturing some of the factors within the administration that are associated with early intervention enrollment.³ Unfortunately,

research has indicated that there are a large number of children who are not receiving services from Part C due to administrative factors related to the implementation of this program.^{4,5} Within this review, factors related to early intervention enrollment policy included children's access if they were at risk for delays, financial administration of early intervention programs, criteria that determines access to service, referrals of children into early intervention enrollment programs, and collaboration between departments to efficiently run early intervention service programs. These factors are essential for managing and operating early intervention service throughout the country. The purpose of this systematic review was to identify and describe factors within program administration that were associated with varied enrollment into early intervention services throughout the United States. It was hypothesized that the interagency coordinating council, funding and eligibility criteria were associated with variance in enrollment into early intervention services, based on previous research.⁵

^{*} Corresponding author. Oregon State University, Adapted Physical Activity Program, 13 Women's Building, Corvallis, OR 97331, USA.

E-mail address: ericatwardzik@gmail.com (E. Twardzik).

Study rationale

Early childhood is full of rapid growth and development, and sets the stage for early learning within multiple domains of development. For young children with a disability or developmental delay, early intervention support is critical to help improve early development. Since the enactment of IDEA children have had the opportunity to access free, appropriate public education at no cost to the parents or family.¹ Initially Public Law 108–446 was accessible to those three to 21 years of age, but with supporting research indicating the essential need for early intervention the law was revised.⁶ In 1986 there was an expansion of IDEA to include children aged birth three under Part C programs.⁶ This Federal Law 108–446 required every state to develop a rigorous definition under Part C to identify infants and toddlers who were in need of services.¹ Flexibility in state definitions has led to great variation in children's ability to be eligible for early intervention programs nationally. Accessibility to early intervention programs is beneficial to the child, but also to the state's economy.⁷ Children who receive early intervention services are less likely to be enrolled in special education services by the time they are eight years old.⁸ Thus, early intervention services provide children with an early start and these children are more likely to succeed alongside their typically developing peers. On the other hand, when children enter special education services later they are more likely to stay in special education for the remainder of their primary school years.⁸ Research suggests that when a child enrolls into a special education system at eight years of age (about grade 3) the likelihood that they will transition out of special education services diminishes.⁸ Having a high prevalence of children enrolled in special education services from grade three to grade 12 adds a great financial burden to the state and federal government, and widens the gap between individuals with disabilities and their typically developing peers.^{9,10}

The initiative *Child Find* was implemented with the reauthorization of IDEA in 2004 to ensure that children who were eligible for Part C services were able to access services early in life. The *Child Find* initiative was initiated to encourage early identification and enrollment of children with developmental delay into early intervention services. The initiative includes public awareness, outreach to physicians, and community screening programs.¹¹ Despite government efforts to identify qualifying children early on, states throughout the country continue to serve only a portion of children eligible for early intervention services.⁴ In order to effectively address this issue we first need to identify and define enrollment policy factors associated with access to Part C services.

Early intervention enrollment within a state may be influenced by factors such as including young children at risk for delays, financial administration of early intervention programs, criteria that determines access to service, referral of children into early intervention enrollment programs, and collaboration between departments to efficiently run early intervention service programs. Based on previous literature there have been a number of factors identified to influence enrollment in early intervention services. Within this review authors focus on five specific factors including: at risk, funding, eligibility criteria, referral, and administrative structure. The following operational definitions have been adopted regarding these factors. In this review at risk was defined as factors that are associated with inclusion or exclusion to early intervention services of children that may be at risk of developmental delay due to environmental or biological factors. Funding was defined as the amount of money that was allocated to the state from the federal government to support the implementation and administration of this law. Eligibility criteria addressed states' legal authority to define the eligibility criteria for children to enroll in early intervention services. Referral was defined as the process of a

professional, relative, or caregiver requesting an evaluation of a child to identify eligibility into state early intervention programs. Administrative structure was defined as government rules and policies within the IDEA/IDEIA that provided a structure for service access in early intervention. These rules and policies included work roles, responsibilities of agencies and individuals, coordination of services, implementation, regional clustering, and agency involvement. Although these factors have been identified as components of early intervention enrollment policy, it is not yet known how all five factors influence enrollment in early intervention services.

Objectives

The purpose of this study was to conduct a systematic review of literature to describe enrollment policy and its impact on children's access to Part C programs within IDEA. This will be accomplished by answering the research question, "what factors described by early intervention enrollment policy are related with enrollment in Part C early intervention services?" It was hypothesized that the inter-agency coordinating council, funding and eligibility criteria are associated with enrollment into early intervention services, based on previous research.⁵

Method

Protocol

A systematic review of articles related to policy and enrollment into Part C services was conducted and informed by the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines.¹² Prior to study activities, the authors established definitions for key terms and concepts based on the research question "what factors described by early intervention enrollment policy are related with enrollment in Part C early intervention services?" Key terms and concepts included within the systematic review included but were not limited to "early intervention", "enrollment", "Part C" and "disability". An example within MEDLINE included search terms (*infant* OR toddler* OR "young child"* [truncated to capture full terms]) AND "*early intervention*" AND *eligibility AND enrollment*. These key terms were used in various combinations within three scholarly databases and truncated as indicated by each respective search engine.

Eligibility criteria

Inclusion criteria required articles to be published in English-language peer-reviewed journals; inclusion of early intervention in study analysis; discussion of early intervention services offered by IDEA/IDEIA; and research related to children (birth through five) residing in the US or its territories. The age range was expanded during the search from birth to three to include children aged birth to five to ensure all relevant literature was captured through the search. There were concerns that there was literature that may have been missed due to the overlapping age group if only articles focused on birth to three were included.

Search strategy

In March of 2015, two authors searched electronically for articles meeting eligibility criteria from three databases: MEDLINE, ERIC, and Google Scholar. Prior to conducting the search, consultation with an expert librarian from a university institution was initiated to help identify and develop key terms that addressed the research question. Authors reviewed the results from the search strategy, other search terms were considered if results did not

Download English Version:

<https://daneshyari.com/en/article/5723159>

Download Persian Version:

<https://daneshyari.com/article/5723159>

[Daneshyari.com](https://daneshyari.com)