



PART C ADMINISTRATOR IMPLEMENTATION TECHNICAL ASSISTANCE GUIDE

OUTREACH AND ENGAGEMENT WITH FAMILIES



INTRODUCTION

The Individuals with Disabilities Education Act (IDEA) requires State Part C programs to locate, identify, and evaluate infants and toddlers who can benefit from early intervention services through a process known as child find. In effective child find systems, State agencies and referral sources within communities, such as physicians, other health care providers, and early childhood providers, work together and engage with families to locate and identify all children who may be eligible for IDEA Part C. Studies show that when State agencies implement outreach efforts to increase the awareness of early intervention services among parents and families, rates of referral to IDEA Part C programs increase¹

States and local communities must consider how to implement outreach strategies to connect with families underserved by IDEA Part C. Given the diverse needs of families² and their community networks within a State, outreach efforts require a variety of strategies to engage families with young children and the early care and education, health, and social service providers who regularly interact with them. Some families report that they do not have the support they need to progress through the referral process, find it too confusing and, cumbersome, or are concerned about costs.³ Families bring their own beliefs and value systems to the IDEA Part C process and may not fully buy into the need or value for the IDEA Part C process or the services themselves.⁴ For example, families that have certain cultural beliefs about disability and delay may rely on their social networks rather than professionals for advice or guidance. Family stressors, such as housing or food instability or transportation limitations, can create further barriers within the referral process.^{5,6} Research shows barriers to referral are particularly pronounced for rural families, families of color,^{7,8} families living in poverty,⁹ and families whose first language is not English.¹⁰

IDEA Part C programs will need to tailor their outreach efforts to families to meet the requirements of IDEA to ensure all infants and toddlers who require early intervention services are identified, located, and evaluated.

IDEA PART C STATUTORY AND REGULATORY KEY PRINCIPLES

- Comprehensive child find system
- Early and appropriate identification of all eligible children, including from underserved groups
- Coordination among agencies and early childhood programs
- Outreach to and engagement with families and primary referral sources
- Promoting development, learning, and school readiness

IDEA sections 632, 634, 635(a)(1)-(8), 636(a), and 637(a)(3)-(7) and 34 C.F.R. Part 303. Second level

CASE STUDY: HOW AN EARLY CHILDHOOD INTERVENTION AND FAMILY SUPPORT PROGRAM CONDUCTED COORDINATED OUTREACH IN THE NORTH CAROLINA MOUNTAINS

The Family, Infant, and Preschool Program (FIPP) of western North Carolina executed a targeted public awareness campaign to increase awareness of IDEA Part C early intervention services among a large and dispersed population in a geographically remote region. The program designed a targeted mailing campaign with three differentiated postcards, each informing families about an early childhood intervention program and describing the services, supports, and resources available from the program. One postcard emphasized FIPP's strengths-based approach to working with children and families. The second postcard included information about the professional backgrounds and years of experience of the FIPP staff. The third postcard compared and contrasted FIPP with other early childhood and family support programs. All three postcards listed the early intervention services, supports, and resources the program offered. Evidence-based findings about targeted messages determined the postcards' content and the descriptions of the tailored printed communication to describe key aspects of the early intervention program.

FIPP disseminated the postcards to more than 14,000 households with young children under five across 6 counties in the region. The program monitored self-referrals across all counties for 4 weeks prior to the first mailing and for a total of 100 days.

Following the campaign, 30 families in two counties where the program previously had no presence made self-referrals during the 3-week intervention phase, up from zero prior to the campaign. FIPP recorded a total of 67 self-referrals across the study period, an increase in every county and a statistically significant pattern of increases in referrals. This study illustrates that a thoughtful, targeted, and cost-effective outreach campaign can yield significant impact on referrals and access for families to early intervention services.¹¹

STRATEGIES IN ACTION: USING A VARIETY OF APPROACHES TO ENGAGE FAMILIES AND PROVIDERS

Help Me Grow (HMG Connecticut) launched in the 1990s to improve access to resources and services for children birth to 8 years old. One of its key features is the Child Development Infoline, a central access point for families concerned about their child's development that operates as part of the United Way of Connecticut's 2-1-1 system. HMG Connecticut also conducts comprehensive physician and community outreach and supports a public awareness campaign about the need for early identification and intervention through developmental screenings of 2-year-olds across Connecticut communities. The public awareness campaign effort includes statewide and local promotion activities and events involving families, professionals, and community partners.

HMG National uses a multi-component framework modeled after HMG Connecticut. One study found that physicians were twice as likely to identify and refer children to IDEA Part C after being trained by HMG. HMG National's ongoing activities include developing a comprehensive data system to support HMG affiliates with data collection, tracking, and utilization.



STRATEGIES

State Part C administrators can promote high-quality outreach and engagement practices to equitably locate and identify infants and toddlers who could benefit from IDEA Part C services by implementing the following strategies:

PROMOTE OUTREACH THAT IS REGULAR AND SYSTEMATIC

An outreach approach should proactively and routinely communicate concise policies to collaborating State agencies, referral sources in the communities, and early intervention service providers to ensure consistent application of those policies. In partnership with families, referral sources, and other State agencies, Part C administrators should develop a clear description of what early intervention services are, cost information, and how infants and toddlers can be found eligible for IDEA Part C. This description should be on the IDEA Part C State website and used in outreach materials and public awareness activities. The efficacy of outreach campaigns can fade over time, so it is important to maintain and update the outreach approach regularly.¹²

USE MESSAGES THAT PROMOTE HEALTHY DEVELOPMENT AND REMOVE STIGMA

Families may be hesitant to engage with the IDEA Part C system based on their experiences and interactions with other institutions or providers, or preconceived notions about the IDEA Part C program. Outreach should focus on removing stigma associated with developmental delays or that infants and toddlers need IDEA Part C services because of families' parenting abilities. Terms such as "child find" or "at-risk" may also send this unintended message. Messages should emphasize that early intervention services can support families in promoting the healthy development of infants and toddlers and that providing services as early as possible can help infants and toddlers thrive. The specific messages should include language and imagery that will be meaningful to the families being targeted (See Case Study, above, for an example), meet the needs of families with diverse family structures, and not be limited to just families with young children. For example, some States have employed outreach strategies – and cater messages accordingly – that target senior living centers to connect with grandparents or juvenile incarceration centers to reach teen parents.

USE DIFFERENT COMMUNICATION METHODS TO REACH FAMILIES

Families access information in multiple ways and have different preferences for how information is communicated. Many States develop and disseminate written material on IDEA Part C services to pediatricians and other health care providers to then share with parents of infants and toddlers.¹³ Social media and text messages can be broadly disseminated and targeted to different family and advocate audiences.¹⁴ Targeted outreach may also occur through more in-depth communication between families and providers through interactions at well-child visits and in early care and education programs, and can focus on helping families understand the process for eligibility determination for IDEA Part C and where they are in the process.¹⁵ States can provide guidance to primary referral sources to make these interactions more informative.

BUILD PRACTITIONER SKILLS TO COMMUNICATE WITH AND ENGAGE FAMILIES

A qualified workforce that interacts with families with young children should be proficient in using strategies for engaging with families in an authentic and culturally responsive manner in order to help families from all backgrounds understand early intervention services, the benefits of these services, and how to navigate the referral process. IDEA Part C programs and collaborating agencies should offer ongoing professional development opportunities to support referral sources to develop skills in talking to families about their child's development. Professional development opportunities should also develop practitioners' ability to listen closely to families to understand families' values and needs, and the impact of those values and needs on families' decision-making and engagement with IDEA Part C systems. Memorandums of agreement with participating agencies are one method for implementing professional development opportunities.

STRATEGIES

USE DATA TO MAKE DECISIONS

When making decisions on outreach strategies and evaluating their implementation, State and local programs should use data to determine which outreach strategies are most effective in connecting families of infants and toddlers from underserved groups with needed services. Data can also help programs determine which outreach practices and strategies most frequently engage families, health care providers, early care and education, and other partners participating in the IDEA Part C identification and referral process.

INCLUDE ADVOCATES, AMBASSADORS, AND LIAISONS

State systems should consider ways to engage multiple agencies, organizations, programs, and centers that support families in communities. Advocates can serve as conduits between families and the IDEA Part C program and can provide culturally sensitive support to assist families in navigating the referral process. Trusted liaisons could include family advocates, community clinics, places of worship, Women and Infant Care (WIC) programs, and health service providers.

MAINTAIN FAMILY ENGAGEMENT AND OUTREACH THROUGHOUT THEIR PARTICIPATION IN IDEA PART C

Providers should have ongoing communication with families to ensure that families understand the services and required processes throughout their time in the IDEA Part C system. Providing information to families as they enter the system and throughout their participation in early intervention services allows families to ask questions and providers to give individualized support as needed. This engagement should support families in staying in IDEA Part C. To support families of children transitioning from IDEA Part C to Part B, section 619 preschool services, providers should have materials that clearly show the differences between the two systems, including the differences in each system's eligibility requirements. States should develop consistent messaging and materials explaining the transition process to families and providers to reduce gaps in services during the transition between programs.



PUTTING THE STRATEGIES INTO PRACTICE

WHAT ARE HIGH-QUALITY OUTREACH AND ENGAGEMENT PRACTICES?

COMMUNICATE DIRECTLY WITH DIFFERENT AUDIENCES

Brochures, social media posts, and other communication that directly target families, providers, and other audiences can be developed at low cost and disseminated broadly.¹⁶ States can partner with different communities to understand the needs and concerns of specific audiences, craft language, and determine the most effective methods to reach the most people. Marketing or health communication campaigns can target messages broadly and directly to diverse communities within States. Some States, such as Ohio, have engaged with marketing groups to develop communication toolkits¹⁷ for marketing IDEA Part C services. States can also consider partnering with pediatricians, hospitals, early care and education programs, and other community partners to post their messages on partners' existing social media accounts to share messages widely.

VARY OUTREACH METHODS

Outreach should include multiple methods to reach all audiences in a State. Effective outreach to families considers how families access information. For families without reliable technology access, for instance, telephone or print outreach could be more effective than email communication. Other families may be easier to reach via text message, apps, or other electronic means.¹⁸ Displaying flyers or brochures in high traffic areas, such as grocery stores, parks, pharmacies, and libraries, can further help reach families. Act Early Ambassadors, for example, have had success with videos in public places. Partnering with WIC to provide outreach and child development resources to families is another promising strategy.¹⁹ For example, the CDC offers resources to work with WIC programs.

OUTREACH TO DIVERSE GROUPS OF MEDICAL PRACTITIONERS AND PARTNERS

States should engage various medical practitioners in conducting outreach activities with families: pediatricians, family practitioners, physician assistants, nurse practitioners, obstetricians and gynecologists, lactation consultants, and nurses. Outreach should focus on helping providers understand what services the IDEA Part C system offers, how to refer families to IDEA Part C, and the resources on IDEA Part C available for them to share with families. A feedback loop for providers to know the outcome of referrals encourages continued referral. A centralized location for referral sources to conduct referrals and follow-up, such as a hotline or centralized website, can help ensure that the process proceeds effectively. As noted, social agencies like WIC or mental health services and community organizations like places of worship or family outreach services, which have existing connections with families, can be valuable communicators of information about early intervention services.

RESOURCE FOR SUPPORT

The Part C Child Find Self-Assessment is available to State leaders to help States consider their needs and challenges related to child find and determine which best practices can help address those challenges. Developed by OSEP's Early Childhood Technical Assistance (ECTA) Center and the Center for IDEA Early Childhood Data Systems (DaSy Center), the tool allows State leaders to engage stakeholders across their States to review current practice and determine how to incorporate more best practices in child find efforts.

PUTTING THE STRATEGIES INTO PRACTICE

WHAT OUTREACH AND ENGAGEMENT PRACTICES CAN HELP REACH MORE FAMILIES?

CONDUCT A SELF-ASSESSMENT OF EXISTING OUTREACH STRATEGIES

States can review their existing approaches to outreach and engagement. Part C administrators and other State system administrators should engage with families and referral sources in local communities to gain an understanding of which families are being referred to IDEA Part C, who follows up on referrals, who completes the referral process, what barriers prevent families from completing referrals, what supports help families through the process, and how the system could reengage families who do not complete the process to determine eligibility. Part C administrators can also review their data and disaggregate it based on demographic and geographic characteristics to identify trends. Tools such as the IDEA Part C Child Find Self-Assessment (see Resource for Support) can support this process.

LEVERAGE AMBASSADORS AND OTHER COMMUNITY-LEVEL STAKEHOLDERS

Administrators can think creatively about engaging community partners to connect with families who can benefit from IDEA Part C services, but have been traditionally underserved. Some communities have successfully trained and worked with community ambassadors. For example, the East Saint Louis (IL) Family and Community Engagement Center connects individuals from within its community, a traditionally underserved area, with trusted community members who have an understanding of IDEA Part C services, the referral process, and other supports for families. Word-of-mouth can be extremely valuable in informing families about IDEA Part C services. States can also leverage Act Early Ambassadors who promote developmental monitoring and screening for all children birth to age 5 and connect programs with free tools, in multiple languages and customizable with local IDEA Part C referral information, so families can monitor development.

COORDINATE WITH PARENT TRAINING AND INFORMATION AND CENTERS (PTIS) AND COMMUNITY PARENT RESOURCE CENTERS (CPRCS)

The nearly 100 PTIs and CPRCs have a presence in all States and Territories. Their mission is to inform and train families of children of all ages so they can participate effectively in their children's education and development. Staff at these centers understand how information travels among local networks and have relationships with families receiving early intervention services so they can partner with IDEA Part C programs to help develop strategies for reaching more families at the grassroots level. They offer family friendly materials explaining early intervention services. They can also support and train families to work with professionals and policymakers to develop resources, influence policy, and impact services for children with disabilities.



PUTTING THE STRATEGIES INTO PRACTICE

HOW CAN EFFECTIVE OUTREACH AND ENGAGEMENT PRACTICES CONTRIBUTE TO GREATER EQUITY IN PART C SERVICES?

MAKE OUTREACH RESPONSIVE TO FAMILY NEEDS

IDEA Part C and other State system administrators should consider ways to make the referral process more flexible for and responsive to families. This can include having a process for families to submit their request for an evaluation through multiple methods (e.g., website, app, email, phone). In response to needs assessment data, States can develop targeted messages and conduct usability testing to ensure the messages resonate with targeted audiences prior to launching. Outreach might also explicitly include the message that, while prompt follow-up by families after referral is desirable, the IDEA Part C program is always open and available should delays in following the process occur.

PROMOTE CULTURALLY AND LINGUISTICALLY RESPONSIVE OUTREACH PRACTICES

To support equitable access, States should consider culturally and linguistically sensitive approaches that both reach and keep families engaged in the Part C system. Administrators should be aware of diverse communities within their States and use outreach strategies²⁰ that recognize cultural and linguistic diversity and reflect cultural competency standards. Materials should be developed that reflect multiple cultures and are translated to reflect the languages used in the community.²¹ Actively engaging members of these communities in the process and using their input in crafting messages and formulating strategies for outreach can help achieve these culturally and linguistically responsive outcomes.

USE DATA TO MAKE DECISIONS

When making decisions on outreach strategies and evaluating their implementation, State and local programs should identify the types of data that will help them determine if there are disparities in the families the system is reaching. Data could include who refers families to the IDEA Part C system, demographics on the families referred as compared to other families within the State, and who is being found eligible for early intervention services. States can also identify missing data and use that information to determine how and from whom to collect that data.



ENDNOTES

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