

ANALYSIS OF EARLY INTERVENTION AND BARRIERS TO HISPANIC CLIENTS

Early Intervention Policy Analysis: Application of Early
Intervention Identification and Services for the Hispanic Community

Frances Vasquez

Nyack College

Social Welfare and Policy

Dr. Furness

April 14, 2021

Early intervention and the Hispanic Community

The term “Early Intervention” encompasses the services and assistance that is provided to young children with disabilities, between birth and three years of age. These children may be diagnosed with a neurological or developmental disability, and receive therapies such as speech, occupational and/or physical therapy, as well as other related services, based on individual needs. This policy set forth by the passage of federal legislation, “The Individuals with Disabilities Education Act” (IDEA) in 1975; most recently amended in 2004.

The legislation IDEA is set to ensure that all children with disabilities have accessible and appropriate public education which emphasizes in special education and related services designed to meet their unique needs and prepare them for further education, employment, and independent living; and for states, localities, educational service agencies, and federal agencies to provide for the education of all children with disabilities. This policy also warrants the rights of children with disabilities and their parents are protected. And finally, the policy also promotes for implementation of a statewide, comprehensive, coordinated, multidisciplinary, interagency system of early intervention services for infants and toddlers with disabilities and their families and that educators and parents have the necessary tools to improve educational results for children with disabilities by supporting system improvement activities; coordinated research and personnel preparation; coordinated technical assistance, dissemination, and support; and technology development and media services. (U.S Department of Education, 2021)

The process of early intervention identification to determine eligibility for services differs from state to state. In New York State, one of the first steps to begin to identify the need for early intervention is to send a referral letter to the Early Intervention Program (EIP) in the county in which the family lives. The New York State Early Intervention guide provides instructions for

which step to take first: “Children who may need services must first be referred to the EIP. Parents can advocate and voluntarily decide to engage their child to EIP if they have a concern about the child’s development” (Department of Health, 2020). The guide also explains the process of writing a referral letter to ask for the child to be evaluated for early intervention, providing a sample letter for the parent to utilize. This process, even with such an example, can be a difficult task for many parents in minority communities as they often have limited English and often have not reached a higher education level.

Early intervention services focus on children from birth to three years old. In order to gain access to these services, they are required to apply solicit for the intervention within an appointed time frame: before the child is three years of age. This can be difficult for those in minority groups, as they are often faced with cultural, financial, and educational limitations. It is common for parents from Hispanic populations not to address mental health or disability concerns, as they tend to take a more relaxed approach to parenting, believing that each child develops at his or her own pace. Much of the minority population, especially those in Hispanic communities, may have financial difficulties, and may need to prioritize work over the time necessary in seeking diagnoses and finding intervention solutions for their family. Further, a limited understanding of the process by which children are evaluated to determine eligibility for early intervention services can bring distortion to the evaluation process, resulting in inadequate or inaccurate services being provided to the child (Magnusson, Minkovitz, Kuhlthau, Caballero, & Mistry, 2017) (Khetani, Richardson, & McManus, 2017) Zuckerman, Lindly, Reyes, Chavez, Macias, Smith, & Reynolds, 2017).

One population receiving Early Intervention Services that is helpful to analyze is that of individuals with Autism Spectrum Disorder. In recent years, research has shown that Autism

Spectrum Disorder has increased in prevalence, while children's age of diagnosis has decreased. Although the age of diagnosis has decreased, we can see a disparity between identification of non-Hispanic and Hispanic children. Studies have shown a gap between the age of diagnosis for Hispanic children, versus the age of diagnosis for non-Hispanic black and white children. According to research presented by Jo, Schieve, Rice, Yeargin-Allsopp, Tian, Blumberg, Kogan, and Boyle (2015), "The potential for under-diagnosis is concerning since this will result in delayed treatments. Previous studies suggest early intervention is associated with improved outcomes." In addition to being often under-diagnosed, this population tends to be diagnosed at later ages, resulting in loss of valuable time, as early intervention has been proven to have greater success when implemented as early as possible. Magaña, Lopez, and Machalicek explain that (2017) studies reveal that Latino children who have ASD and other developmental disabilities have consistently worse health care access, quality, and patterns of utilization than white children, and that this same population is more likely to receive a late diagnosis, if they are found to be eligible for early intervention services at all (2017).

Early Intervention Problems

One of the main problems found in the research has been that children living in minority communities often experience inequalities in service and beginning of treatment by an Early Intervention provider in a timely manner. Correlations between the age treatments begins, ethnicity of the client, and the neighborhoods in which they live have demonstrated inadequate access to treatment. The data shows findings that compared with white children, non-Hispanic black children also show a higher instance of school age diagnosis, after the time during which they would have met the criteria to receive early intervention services (2018).

Practice recommendations in order to facilitate this process for those within the Hispanic community, supported by many researchers, must be centered around understanding how cultural, financial, and educational limitations impact the Hispanic population in accessing and understanding early intervention and its policies. The Hispanic population is currently the largest ethnic minority in the United States. Between 2002 and 2008, ASD in Latino children increased by 110%, as compared to a 70% increase among white children (Magaña, Lopez, & Machalicek, 2017). The Latino community continues to be a growing population among those diagnosed with Autism Spectrum Disorder. This points to the importance of considering both language and cultural background, when evaluating needs and assigning interventions. In their research, Magaña, et. al, found that culturally appropriate interventions have the ability to increase caregiver knowledge of autism, further develop advocacy skills of parents, and improve effectiveness to address their child's communication skills. For Hispanic families, cultural beliefs, financial stability, and lack of knowledge and insufficient formal education can affect the time frame in which parents seek early intervention services, and once the intervention is in place, it is often inadequate or inaccurate. When early intervention ends at the age of three years old a child would then qualify for individualized education program which is received in school. They are also services available for the families to receive in-home help for their children's needs. According to Erickson's Stages of development a child is a toddler until the age of four and a school age child beginning around the age of five. And in New York City we have a concern in regards to the waitlist for preschools throughout the borough districts (Sangha, 2013). Children may qualify for an individualized education program (IEP) after turning three years old and enrolled in school, but the children whose services end at three years old may be without EI until there is space. Let's suppose a child began intervention at the age of two, they would be

able to receive services for merely 12 months and face a gap from the ages of three until they integrate into the school system at pre-K or kindergarten which is usually between the ages of five and six. Another concern is that families may transition from getting EI to receiving in-home help for their child with special needs but this is an issue for working parents, which are very most prevalent in the Hispanic community.

Solutions Proposal

To address the needs of the Hispanic population, it is essential to consider the cultural factors of the population, acknowledging that this has a great impact on treatment and outcomes of treatment for Hispanic children. Some common factors found during the research are that cultural beliefs that can become barriers to timely diagnosis and treatment. In conjunction with these beliefs, the discriminatory treatment by both health care and education systems of minorities historically has created a strain on the relationships between minorities and health care professionals, due to distrust on the part of the parents; many feeling as though "...there is less value in interacting with the health care and educational systems to obtain developmental/behavioral treatment for their child" (Zuckerman, Mattox, Sinche, Blaschke, and Bethell, 2014).

It is essential that the Department of Health develop a more culturally sensitive Early Intervention Policy addressing the needs of the Hispanic population, realizing that many come to this country with little or no education. Recommendations can include but are not limited to learning and understanding the community and talking with individuals in this population to understand the needs without requiring that they read and write. A screening and information campaign can be launched and include easy access to information in non-intimidating settings, such as the local supermarkets, churches, food banks, and parks. This can even include short,

simple seminars that educate the parents on what Early Intervention is in a more simplistic way that helps them identify the needs of their children and empowers them to become advocates. This also paves the way to build relationships and gain trust within the Hispanic community.

While Early Intervention is a great policy that addresses the needs of individuals with disabilities, it is crucial that we amend this policy into a more inclusive, non-discriminatory, parent-friendly program, where no minority group should feel as if their needs are being left out or minimized. In order to address these issues, we propose that Early Intervention programs be more culturally focused, in conjunction with treatment, as both of these will influence a better outcome. It is also important to note that the age range of 0 to 3 years old be extended.

In order for children to benefit from early childhood intervention the children must be between the short span of zero to three years old. During this age children are growing and meeting developmental tasks which are influenced by their environment and relationships. It is possible that children with delayed speech could be witnessing domestic violence, anger or depression in the home and therefore be afraid to speak or simply experience frustration when attempting to express themselves. It is generally a concern when a child does not speak but we must consider that a child could possibly be an only child within the home or that he or she has not engaged with other children, such as those who attend day care or have siblings within a closer age range. Children with development delays or learning disabilities must be to receive Early Intervention services until the age of five.

These proposed solutions keep up with the NASW Code of Ethics. They focus on ethical values such as, service, social justice, competence and dignity and worth of the persons we work with. The stakeholders have a need where the policies in place do not reflect their needs or address their problems. As social workers we are responsible for our clients this involves being

committed to their well-being. We think of our responsibility to the largest society and also face the issues that our clients experience with policies in our respective communities and localities. Cultural competence and referral to other professionals with specialized knowledge and expertise is necessary. Social work practitioners are called to be culturally aware and understand its function in human behavior in a society, recognizing the strengths that exist in them.

The policy changes for the IDEA act demonstrate competence in the provision of services that are sensitive to the Hispanic community's culture and differences from other cultures in the state of New York. The stakeholders which are the Hispanic community at large, would have equal access to resources to meet their basic human needs and the needs of their children in order that they may develop fully. While working with clients we would refer clients to other professionals when their specialized knowledge or expertise can serve the clients easily and fully, including providing information in Spanish and supporting the transition from screening to receiving services. We would take appropriate steps to facilitate the changeover from our services to the necessities for those parents who have children with needs. In proposing changes to this policy we are working with the general welfare of society from local to national levels, as we also develop people in the stakeholders' communities. Although we are not working directly with conditions conducive to the fulfillment of basic human needs, we are promoting social and cultural values based on the stakeholders needs. (NASW, 2017)

This solution also keeps up with a Christian worldview because we inherently believe that God has extended his grace and mercy towards all of us and does not operate with an exception of persons. The Bible says that we should love others as we love ourselves, and therefore promoting accessibility and educating the stakeholders, this solution proposes that they are included. It includes factors such as cultural

believes that can become barriers to timely diagnosis and treatment and it also prevents the distrust on the part of the parents who may question the healthcare professionals. The Bible says that we should go and preach the gospel and therefore the solution to campaign for screening and information in Non-intimidating settings, such as the local supermarkets, churches, food banks and parks demonstrates that we would be able to preach the 'proposed early intervention solution' to those in the state of New York. And a final example of how the solution keeps up with a Christian worldview, is that it empowers parents on what early intervention is in a more simplistic way, which also empowers them to become advocates for their children. (New Living Translation, 2021)

References

- Buzhardt, Rusinko, L., Heitzman-Powell, L., Trevino-Maack, S., & Mcgrath, A. (2015). Exploratory evaluation and initial adaptation of a parent training program for Hispanic families of children with Autism. *Family Process*, 55(1), 107-122.
doi:10.1111/famp.12146
- Department of Health. (n.d.). Retrieved from <https://www.health.ny.gov/publications/0532/>
- Department of Education (2021). "About IDEA." *Individuals with Disabilities Education Act*, Retrieved April 11, 2021 from <https://sites.ed.gov/idea/about-idea/#IDEA-Purpose>
- Ibañez, L. V., Stoep, A. V., Myers, K., Zhou, C., Dorsey, S., Steinman, K. J., & Stone, W. L. (2019). Promoting early autism detection and intervention in underserved communities: Study protocol for a pragmatic trial using a stepped-wedge design. *BMC Psychiatry*, 19(1). doi:10.1186/s12888-019-2150-3
- Ijalba, E. (2016). Hispanic immigrant mothers of young children With Autism Spectrum Disorders: How do they understand and cope With Autism? *American Journal of Speech-Language Pathology*, 25(2), 200-213. doi:10.1044/2015_ajslp-13-0017
- Jo, H., Schieve, L. A., Rice, C. E., Yeargin-Allsopp, M., Tian, L. H., Blumberg, S. J., & Boyle, C. A. (2015). Age at Autism Spectrum Disorder (ASD) diagnosis by race, ethnicity, and primary household language among children with special health care needs, United States, 2009–2010. *Maternal and Child Health Journal*, 19(8), 1687-1697.
doi:10.1007/s10995-015-1683-4

- Khetani A., Richardson, Z., & Mcmanus, B. M. (2017). Social disparities in early intervention service use and provider-reported outcomes. *Journal of Developmental & Behavioral Pediatrics*, 38(7), 501-509. doi:10.1097/dbp.0000000000000474
- Magaña, S., Lopez, K., & Machalicek, W. (2015). Parents taking action: A psycho-educational intervention for Latino parents of children with Autism Spectrum Disorder. *Family Process*, 56(1), 59-74. doi:10.1111/famp.12169
- Magnusson, D. M., Minkovitz, C. S., Kuhlthau, K. A., Caballero, T. M., & Mistry, K. B. (2017). Beliefs regarding development and early intervention among low-income African American and Hispanic mothers. *Pediatrics*, 140(5). doi:10.1542/peds.2017-2059
- New Living Translation (2021) Matthew 22:29; Mark 16:15; Romans 2:11
- Sangha, Soni. "Born to Wait." *The New York Times*, The New York Times, 23 Feb. 2013, www.nytimes.com/2013/02/24/nyregion/for-new-york-city-parents-a-waiting-list-for-nearly-everything.html.
- What is Autism Spectrum Disorder? (2019, August 27). Retrieved March 15, 2020, from <https://www.cdc.gov/ncbddd/autism/facts.html>
- What is "Early Intervention"? (2019, December 09). Retrieved March 15, 2020, from <https://www.cdc.gov/ncbddd/actearly/parents/states.html>
- Yingling, M. E., & Bell, B. A. (2018). Racial-ethnic and neighborhood inequities in age of treatment receipt among a national sample of children with autism spectrum disorder. *Autism*, 23(4), 963-970. doi:10.1177/1362361318791816
- Zuckerman, K. E., Lindly, O. J., Reyes, N. M., Chavez, A. E., Macias, K., Smith, K. N., & Reynolds, A. (2017). Disparities in diagnosis and treatment of autism in Latino and non-Latino white families. *Pediatrics*, 139(5). doi:10.1542/peds.2016-3010