



# How often and why are marginalized families dismissed from EI services?

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**Abstract** Child Find and a family-centered approach are key in Early Intervention (EI), yet racially marginalized children are far less likely to receive services compared to their White peers. Data further shows racially marginalized children are more likely to be disqualified from EI due to non-response to agencies’ outreach. Where are we falling short, and what must we do to address this inequity?

**Frameworks** Guided by QuantCrit (Castillo & Strunk, 2025) and Intersectionality (Crenshaw, 1989, 2020), this study examines how families experience EI differently due to systemic, cultural, and communication mismatches. It also proposes strategies for more accurate and equitable data practices and offers considerations for training pre- and in-service providers.

## Key Findings

- The odds for Black or African American children exiting EI services via “dismissed due to no contact” is 2.13 times higher compared to the national average (Hata, 2025).
- Disaggregating data reveals how social contexts can mask important differences. For example, Asian and Hispanic infants and toddlers showed significantly different “move-out” exits within Oregon.
- Children’s and their families’ race are not just demographic factors but they reflect the wider Social Determinants of Health (SDOH) that shape how they experience EI.

## Key Recommendations

| Focus Area                       | Key Recommendations  |
|----------------------------------|--|
| Data Collection                  | <ul style="list-style-type: none"><li>· Shift from deficit-focused tools to asset-based approaches.</li><li>· Improve systems using protocols such as GUIDE-EI for more accurate and equitable data collection and analysis.</li><li>· Provide training for administrators, providers and support staff on procedures and their purposes.</li></ul>  |
| Exit Guidelines                  | <ul style="list-style-type: none"><li>· Make exit guidelines explicit to ensure consistency and equity across agencies and providers.</li><li>· Identify communication disruptions early and connect families with SDOH-focused resources.</li><li>· Incorporate regular reviews of demographic data and support needs at IFSP milestones.</li></ul> |
| Supporting Families’ Basic Needs | <ul style="list-style-type: none"><li>· Move away from attributing outcomes to individual family characteristics.</li><li>· Advocate for policies that strengthen families’ SDOH and improve quality of care.</li></ul>  |
| Provider Training                | <ul style="list-style-type: none"><li>· Ensure training is differentiated while grounded in UDL.</li><li>· Embed reflective practice and cross-cultural understanding in professional development.</li><li>· Expand IECMH training and offer pay differentials for endorsed providers.</li></ul>   |



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