From the Editor

The pandemic has created new ways of thinking, living, and participating in human society. For example, face-to-face education has been replaced by teaching and learning through the Internet. This new paradigm has been applied across all ages of students, including those receiving early childhood intervention.

Many benefits to this newer way of delivering intervention have been acknowledged. Most importantly, technology has allowed services and supports to continue for families and children when communities went into quarantine because of Covid-19. As interventionists were restricted to Internet-supported remote virtual visits, another benefit was a renewed commitment to the engagement of parents as partners in the design and delivery of their child’s intervention. The Internet also supported service delivery teams to jointly assess and design integrated (across developmental domains) interventions with families, without having to coordinate multiple providers going together to a home or classroom to see a child. Finally, the timesavings accrued from decreased travel by interventionists allowed them to spend more time planning for, and being with families and children, as well as team members.

Although these benefits applied to many of the families enrolled in early childhood intervention over the past year, other families experienced challenges with technology-assisted service delivery. Many families had limited access to technology, or they had work responsibilities and/or other children at home, which limited their availability for intervention visits from their provider. Other families had children with challenging behaviors and/or significant learning needs that interfered with or prohibited remote learning.

As we look forward to the slowing of the pandemic through the implementation of public health measures (including the vaccine), most are anticipating the return to “normalcy.” However, the pandemic has taught us many lessons about the need for equitable and individualized early childhood interventions. We also learned about the value of technology-enhanced interventions and service delivery options, and we learned to be creative with funding to support alternative service delivery modes.

Postpandemic, we have the opportunity to leverage these lessons and move beyond narrow intervention options that must fit all families, regardless of need. We can instead improve on what was, and design individualized early childhood intervention service delivery options that ensure access and equity for the diversity of families and children we serve. We can also advocate for these service delivery options to occur within universal early education and care systems that serve all infants and young children.

CURRENT ISSUE

Our first article by Sara Movahedazarhouligh is a scoping review of the literature on leadership in early childhood and early childhood special education. More than 1,400 articles on the topic were reviewed, and 106 met criterion for the review. These were summarized across a number of outcome variables. The review concluded with implications for the field and a call for more research on early childhood leadership.

Jamie Holloway, Toby Long, and Fred Biasini describe a study that examined the influence of gross motor skills on young children’s ability to participate in daily routines and activities. A group of 22 children with autism spectrum disorder (ASD) was included in the study. Dependent measures included children’s gross motor development and their participation in routines and activities. Findings indicated that higher gross motor skills were related to higher participation in a number of activities, including self-care, and social interaction activities. The implications for these findings were discussed, along with recommendations for early intervention for young children with ASD.

Our next article by Amisha Kanji and Wasifah Noorbhai is from South Africa. The authors explored the experiences of eight caregivers of...
young children between 5 months and 3 years of age who were part of the early hearing detection and intervention program through the public health system. The caregivers were interviewed, and these data were analyzed using qualitative methods. Six themes emerged from the analysis, including the need for continuity and care coordination for caregivers and their children as they progress through the early hearing detection and intervention process. Other recommendations from the findings include the provision of information and support to the caregivers, as well as access to more timely services.

Heidi Hollingsworth, Mary Knight-McKenna, Judy Esposito, and Caroline Redd investigated family and coach responses to an intervention designed to support families to facilitate infant language development. The program, Strong Beginnings for Babies (SBB), was delivered through a 2-year community-based program. The participating families and their infants were from low-income backgrounds, and the majority self-identified as Hispanic, Latino, or of Spanish origin. Three coaches delivered the intervention during a series of group sessions. Analyses of surveys, interviews, and documents indicated that SBB resulted in a number of benefits. Benefits for families included increased knowledge about the importance of engaging in language interactions with their infants and an increased sense of community with other families. Benefits for coaches included personal and professional opportunities for growth and positive relationships with participating families. Implications for practice were described.

Our next article by Melissa Cain and Melissa Fanshawe addresses the role of Early Intervention Specialists (EISs) when supporting parents of children with unexpected congenital blindness. The authors used case study methodology to describe the experiences of two mothers from Australia with infants who were born blind. The authors interviewed the mothers when their children were preschool age and again 5 years later. The analysis documented the importance of the EISs and their impact on caregivers’ knowledge and skills about their child’s therapy needs. In addition, the EISs also facilitated the families’ ability to advocate for their child’s full participation within educational contexts and the community.

Our last article by Sarah Sexton, Lihua Yang, and Deborah Hamby examines the social validity of an online professional development program for service coordinators, administrators, and early intervention providers in early intervention. Both quantitative and qualitative findings suggested the effectiveness of the training in delivery method, objectives, content, ease of use, and future plans to apply content. The authors discuss the contribution of their findings to the field of early intervention and professional development.

As always, I would like to thank the authors for submitting their work to *Infants & Young Children* and the reviewers, who assisted the editorial process by offering salient suggestions to bring these manuscripts to publication. The articles represent international authors, authors from the AUCD network, and new authors.

—Mary Beth Bruder, PhD
Editor