

Tackling Disproportionality in Early Intervention and Special Education

18th Annual Birth To Three Institute

Wednesday, July 30, 2014
4:00 pm-5:30 pm

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Objectives

- Define disproportionality and discuss how it impacts EHS/HS children;
- Review Disability Indicators in the EHS Research and Evaluation Project;
- Identify cultural factors that influence interpretation of infant and toddler behavior and functioning related to screening and assessment;
- Discuss collaboration with parents of very young children around screening, assessment, and early intervention;
- Create a system that ensures timely early intervention services are received for very young children of color.



Carla Peterson, Ph.D.

Defining Disproportionality

Disproportionality is the inappropriate overrepresentation and over-identification of ethnic minority children in special education relative to the group's proportion in the general population. The disproportionality is in the relationship or association between a child's race or ethnicity and the type of special education classification and placement.

(Technical Assistance Center on Disproportionality, 2010)

The Families We Serve

Let's Talk – Messages

- Young children living in poverty are vulnerable
- Many children are facing multiple challenges
- Collaboration among community partners can have positive impacts
- Practitioners must ensure adequate supports for all families

Early Head Start and Head Start Two-Generation Programs

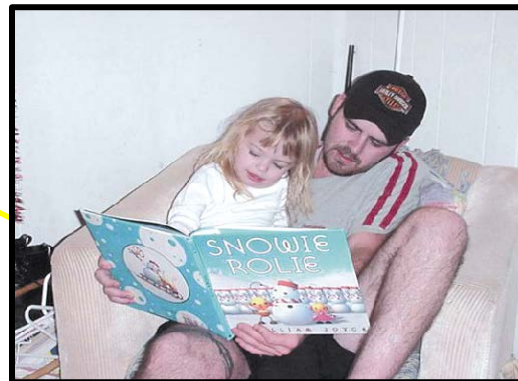
Self-Sufficiency
and Healthy Families



Child Development



Parenting



EHS Research and Evaluation Project Measures

	0-3 (N=3,001)	Pre-K (N=2,310)
Demographic characteristics	✓	✓
Family activities/services	✓	✓
Receipt of Part C/B services	✓	✓
Disability indicators	✓	✓
Expressive language development	✓	
Behavior problems	✓	✓
Part C/B eligibility	✓	✓
Receptive language development	✓	✓
Cognitive development	✓	

EHS Research and Evaluation Project

Primary Caregivers

Characteristic	Birth to 3	Pre-K
Teen	39%	39%
Married	25%	26%
Ethnicity		
African American	35%	35%
Hispanic	24%	23%
Caucasian	37%	38%
No high school diploma	48%	46%
Receiving cash assistance	35%	34%
Poor English skills	12%	10%

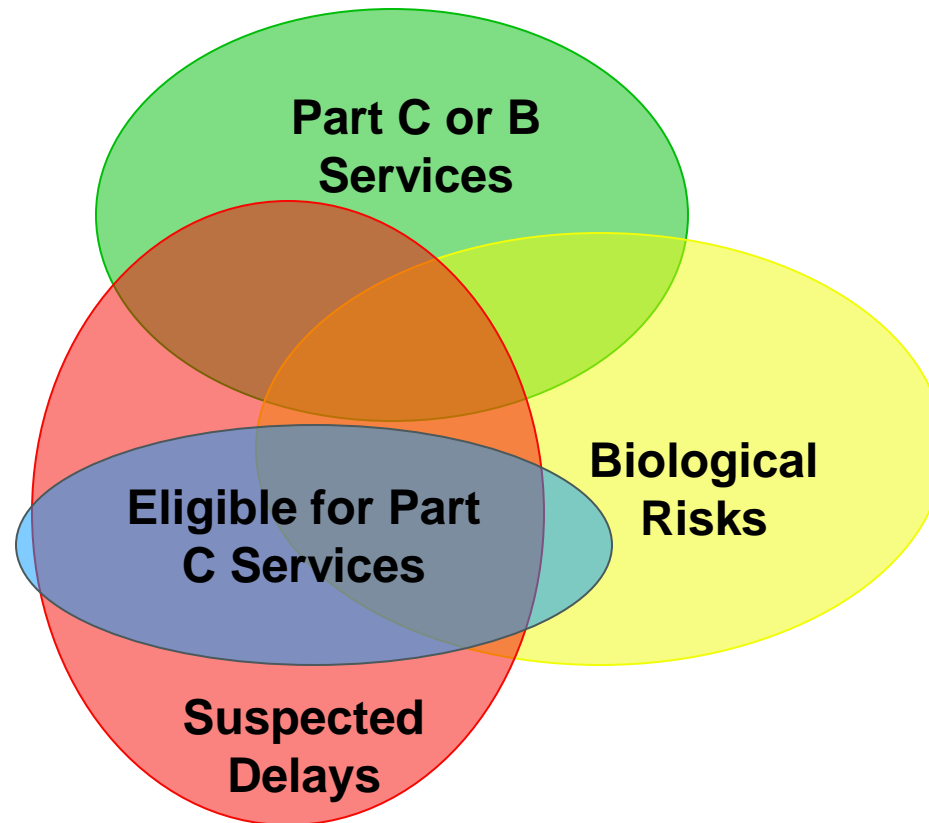
Disability Indicators – Levels

Disability Indicator Level	Birth to 3 Year Period	Preschool Period
Level 1 Received Intervention	Received Part C (early intervention) services	Received special education (Part B – ECSE) services
Level 2 Eligible for Services	Eligible for Part C services (professional diagnosed condition – hearing, MR)	Parent reported eligible for Part B but not receiving services
Level 3 Suspected Delay	DD or BP reported by parent Health/sensory – CNS Low scores – cognitive or language	BP reported by parent or caregiver Low scores -- language
Level 4 Biological Risks	Health-related conditions	Health-related conditions

Prevalence of Disability Indicators

Disability Indicator Level	Birth to 3 Year Period	Preschool Period
Level 1 Received Intervention	140 (5.7%)	430 (18.6%)
Level 2 Eligible for Services	414 (15.8%)	
Level 3 Suspected Delay	1,173 (62.6%)	912 (39.5%)
Level 4 Biological Risks	1,421 (62.7%)	817 (35.4%)
At least 1 Disability Indicator	(87%)	(60%)

Overlaps – Another View



Continuity of Special Education Services

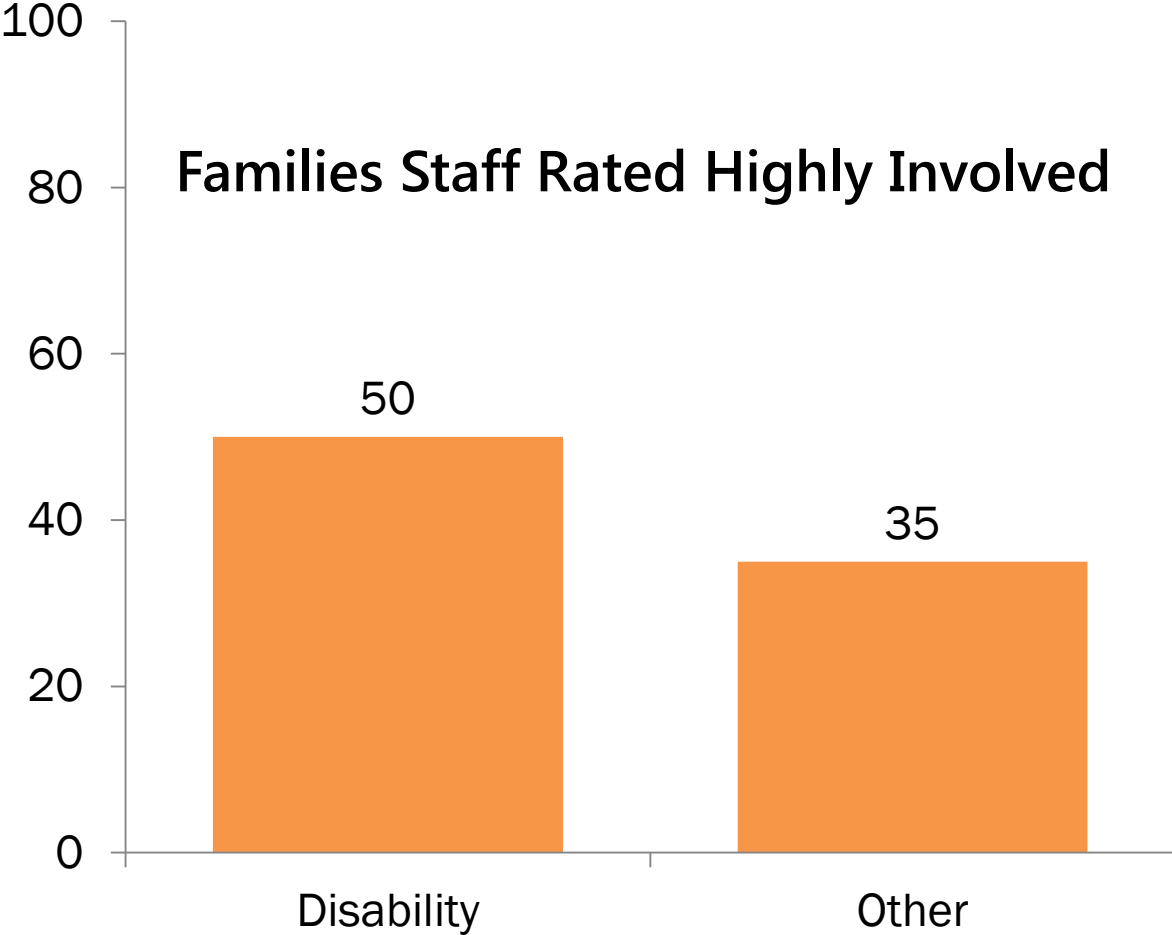
Disability Indicator	Pre-K n	Part B % (n)	Part C not Part B	Part C <i>and</i> Part B	Part B not Part C
Part B Services	430	100 (430)	37	103	237
Part B Eligible	24	0	5	0	0
Suspected Delays	912	30 (276)	15	68	149
Health Conditions	710	25 (178)	8	42	92

EHS Increased Identification of Disabilities

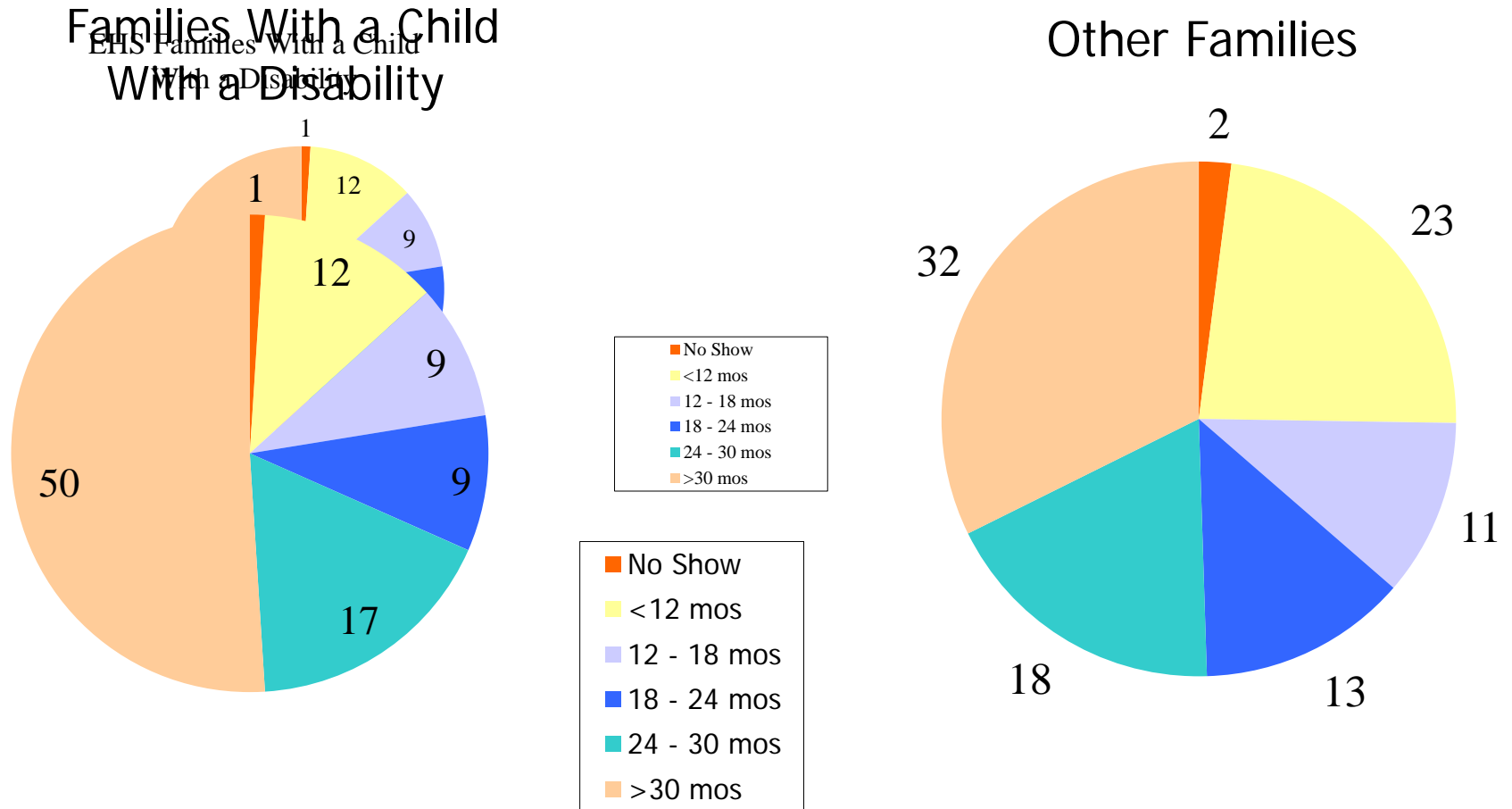
↑ identification of eligibility for EI services from 5.5% to 7.3%

↑ receipt of EI services from 3.7% to 5.7%

Overall Engagement in EHS



Average Duration of Enrollment in EHS



Average Duration of EHS Family Enrollment

Children With Disability: 27 months

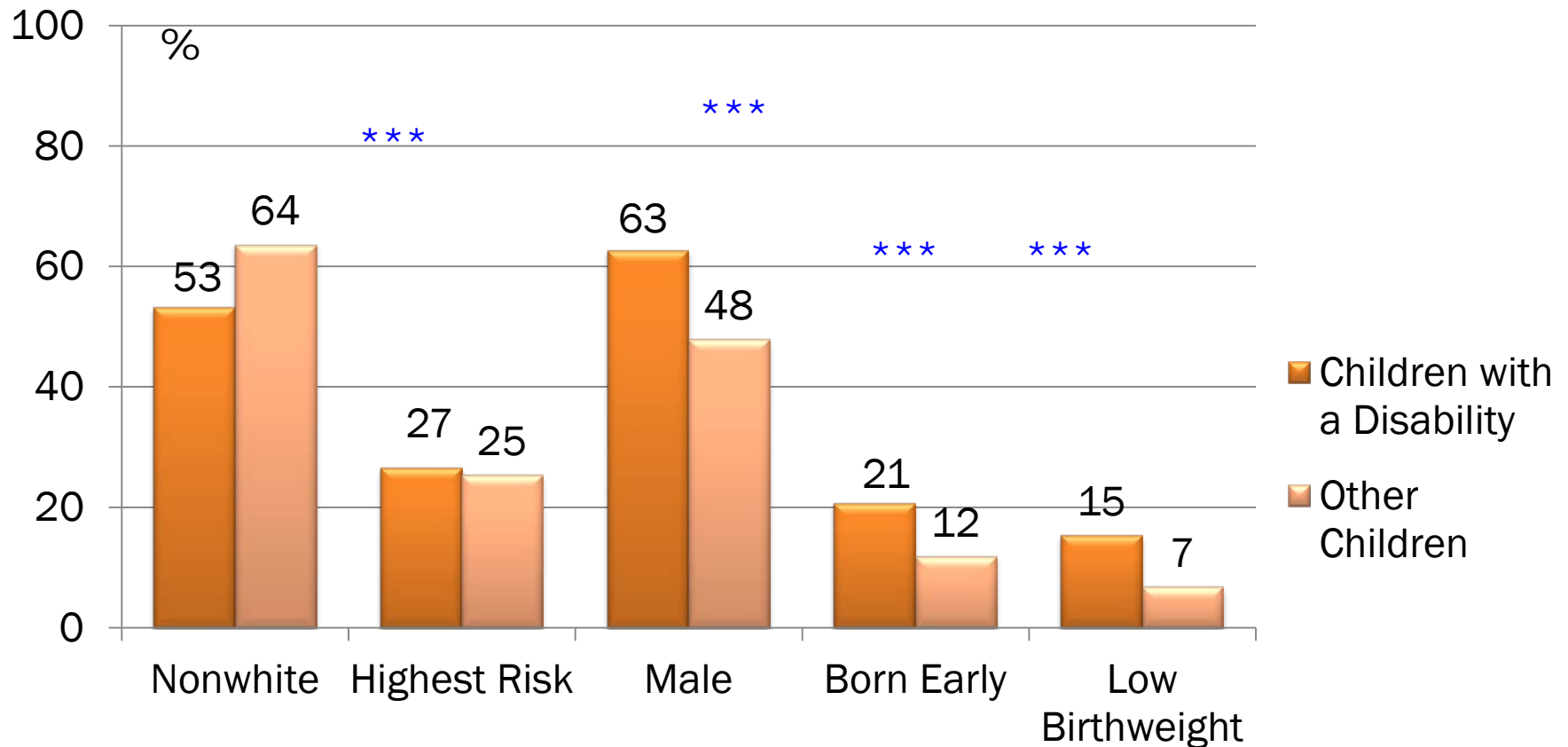
Other Children: 22 months

Service Participation – Birth to 3

Service	Disability	Without disability	Significant Difference
Health/developmental Assessment			
Screening test	79.5 (%)	63.0 (%)	7, 16, 28 months
Well child examination	95.0 (%)	95.2 (%)	none
Health insurance coverage	88.2 (%)	86.9 (%)	none
Educational Service (by 28 months)			
CD service	98.1 (%)	92.2 (%)	7, 16, 28 months
Home visit	57.6 (%)	45.1 (%)	7, 16, 28 months
Center-based child care	37.8 (%)	30.2 (%)	12, 24 months
Family Partnerships			
Parent-child group socialization	35.1 (%)	21.3 (%)	16, 28 months
Parenting education	97.6 (%)	93.4 (%)	7, 16, 28

Relation between Specific Disability Indicators and Family Demographic Characteristics

Background Characteristics and Disability Status



*** $p < .01$

Specific Disability Indicators and Family Demographic Characteristics

Family Speaks English

- Part B
no differences
- Part B eligible
more likely ($\chi^2=4.26$)*
- Suspected delays
less likely ($\chi^2=15.86$)**
- Health conditions
more likely ($\chi^2=9.35$)**



©Photo courtesy of EHS NRC

Specific Disability Indicators and Family Demographic Characteristics

Mother's Ethnicity

- Part B
Caucasian more likely ($\chi^2=18.19$)**
- Part B eligible
no differences
- Suspected delays
Hispanic less likely ($\chi^2=14.74$)**
- Health conditions
Hispanic less likely ($\chi^2=22.42$)**



© Photo courtesy of EHS NRC

Specific Disability Indicators and Family Demographic Characteristics

Mother's Education

- Part B
no differences
- Part B eligible
no differences
- Suspected delays
Less than high school more likely
More than high school less likely ($\chi^2=28.13$)**
- Health conditions
no differences

Specific Disability Indicators and Family Demographic Characteristics

Family Income

- Part B
Below poverty more likely ($\chi^2=11.38$)**
- Part B eligible
No differences
- Suspected delays
Below poverty more likely ($\chi^2=22.23$)***
- Health conditions
No differences

Data on African American Children

- African American children eligible at 24 mo. up to 5 times less likely to receive EI services than Caucasian children

(NECTAC, 2011; Rosenberg et. al., 2008; Feinberg et. al., 2011)

- As they move into special education, African American children are overrepresented in categories:

Mental Retardation and Emotional Disturbance

(Skiba et.al., 2008)

Early Development Studies of American Indian (AI) Children

- **9 months**-AI infants show no measurable difference from general population;
- **Age 2**- AI children begin to fall behind national scores in tests of cognitive skills: listening comprehension, vocabulary, matching & counting;
- **Age 4**-smaller percentages of AI children demonstrate age-appropriate language, literacy, math, and color-identification skills compared to total population of children.

(U.S. Dept. of Educ. Nat. Center for Educ. Stats.,2009)



NM NA Children Underserved

Based on communication with NM ICC in 2009:

- NA children represented about 15% of births in NM, but only 5% of children served in EI (NMFIT, Summer 2009);
- Fewer NA children were enrolled in EI with IFSPs than might be expected;
- Difficulties in staffing, distances, communication, and cultural connection with families have been cited as reasons for the difference (NM ICC, 2009)

(Pederson & Vining, 2009)





Conclusions

- More than half the children in this low income sample had at least one disability indicator at Pre-K
- Percentage of children receiving Part B services is more than 3 times the national figure for preschool-aged children
- Children with specific demographic characteristics appear to be much less likely to receive Part B services

Implications

- Enhance collaborations between Part B and other service providers
- Enhance understanding of risk conditions and children's vulnerability
 - Providers
 - Parents
- Examine long-term outcomes for children and families

Recommendations for Professionals

- Monitor children closely
- Develop clear procedures for referral
- Collaborate with community partners
- Collaborate with health care providers
- Focus on early intervention strategies
- Provide services and supports to families whose children have disabilities

Collaborating with Community Partners – Successful Practices



- Periodic use of screening tools -- regular schedules
- Specific procedures to follow in case of concern
- Provide supervisory oversight
- Provide support to families
 - facilitate navigating the Part C system
 - help build rapport with Part C staff



QUESTIONS





Senta Greene, MA, CCLS

Against All Odds: Changing the Tide of Disproportionality in Very Young African American Children

A New Story for Resiliency



Children's developmental trajectories are shaped by sources of resilience as well as vulnerability. The **cumulative experience** of buffers or burdens is a more powerful determinant of children's developmental well-being than single risk or protective factors.

(Laurie M. Anderson, 2003)



Behind every fact is a face
and behind every statistic
is a story...



10 Core Considerations

- Begin early, lives are changed by empowerment
- We may need to change the message (the importance of language)
- Learn and act upon from what works
- Local practices can have positive impact on disproportionality
- Confidence that community is a cultural essence and contributor to mitigating disproportionality



10 Core Considerations (cont.)

- Supporting children in the context of their culture, means supporting children in their 'life space'
- The legacy of racial discrimination is a lingering manifestation
- There may be cultural differences in parental perceptions of development and behavior
- The cultural context within which disability is perceived is important
- Formal training is essential



5 Compelling Questions

- How do my past experiences influence my understanding and development of my theories and assumptions about disproportionality?
- What am I doing to encourage parents to participate in screening, assessment and early intervention?
- How does a child's culture view the disability?




5 Compelling Questions (cont.)

- How do they cope with anxiety, depression, fear, anger, and to whom do they turn to seek help; is it extended family or family elders, religious personnel, native healers, or the service system?
- What contributes to disproportionality and impacts the assessment process for African Americans?



What contributes to disproportionality and impacts the assessment process for African Americans?

- Unawareness of potential barriers by care providers/educators
- Economic instability
- High stress living environments
- Family structure
- Communication Patterns (high vs. low context)



What contributes to disproportionality and impacts the assessment process for African Americans? (cont.)

- The legacy of racial discrimination and its lingering manifestation in the form of institutional and social bias (Differential Treatment)
- Language access
- Ill-prepared, inadequate and trained professionals
- Local responsibility



Building on Strengths of African American Families

- Family and family networks
- Legacy of intergenerational kinship, resilience, spirituality and hope
- Shared lives across generations
- Strong achievement orientations
- Strong work orientation



What are the Levels of Influence?

- You are a powerful determinant for child-family success;
- You can help families believe a better future is possible;
- Stronger relationships are the key to deeper engagement.



Assessment Strategies

- Conduct developmental screening with real-time screening results, immediate care coordination services, and referral network development.
- The ability to conduct accurate assessments and provide appropriate referrals to other relevant community service providers may be one of the most critical features of supporting parents.



Assessment Strategies (cont.)

- Establish a clear mission and core set of learning objectives for screening and assessment.
- Offer services in a well-known, easily accessed, and trusted source of other valued community services.
- Embed programs in trusted community service systems.
- Follow-up with families and validate them.



Every Life has A Story

Latrice and Jeremiah

Think about the following statement:

“When doing an assessment with one of your clients and working with standardized forms you have to fill out, have you ever **not** asked a question the way it was written on the form, or changed the order in which the question appeared?”

What do you think of this kind of deviation?

(Adapted from Family Violence Prevention Fund)

We make decisions when the need occurs,
experience and training shape our
perceptions, our emotional states frame
our interpretations, and context influences
our interpretations, attributions, and
predictions.

(Harvard Advanced Leadership Institute)

**The single, most powerful
thing you can do for a family
is to believe in them...lives
are changed through
empowerment!**

(Adapted from Starpower Foundation)



Christine Vining, M.S., CCC-SLP

Cultural and Linguistic Considerations in Early Childhood Special Education

Native American (NA) Perspective



Early Intervention in New Mexico (NM)

NM Family Infant-Toddler (FIT) Program

- Provides services to children age birth to three who have or who are at risk for developmental delays or disabilities
- Provides services in natural environments (home, community setting e.g., child care, Early Head Start, FACE, Home Visiting Programs, etc.,)



NM NA Tribal EC Programs

18 Tribal Early Head Start Programs in NM

- Alamo, Jicarilla, Laguna, Navajo, etc.
- Non-tribal include YDI, City of Albuquerque, NAPP
- EHS offer center-based, home-based, or combination services

Family and Child Education (FACE) in BIE

- Home and Center-based Services
- Prenatal to five years old



NM Tribes: Diversity within Diversity

Population

22 tribes

19 Pueblos

2 Apache Nations

Navajo Nation

Spirituality

Economics

Education

Health

8 Languages & Dialects



Children Served

- NMFIT services more than 13,000 children each year.
- Referrals from medical personnel, child care, social services and parents continue to grow
- 1/10 children in NM between the ages of birth and three are served by the FIT program

(NMFIT Program Brochures)



Message-Earlier is Better

Federal Public Law 99-457 (1986) first created a system to support children Birth-3, with disabilities & their families

Early Intervention (EI) is designed to:

- Promote child's best opportunities for development to lessen effects of a disability or potential disability
- Maximize child's ability to be part her/his "natural environment", where typically developing children live, play, and learn
- In the context of family/home, building on the relationships of people closest who are part of the child's world
- The message is that "The earlier the intervention, the more effective it is."

(Peterson & Vining, 2009)



Message - EI works

According to US Dept. of Education, after nearly 50 years of research there is both quantitative and qualitative evidence that early intervention results in:

- Increases in developmental and educational gains for the child
- improved family functioning
- long-term benefits for society
- child needing fewer special education services later in life
- child being retained in a grade level less often

For many Native communities, these benefits are not the reality.





EI Challenges

Development and support of workforce to provide family-centered services with:

- knowledge of diverse family needs;
- sensitivity to diverse cultures and family practices;
- the ability to promote the child's best opportunities for development;

in non-traditional settings outside of classrooms and clinical therapeutic settings.

(Pederson & Vining, 2009)



Early Learning Needs

Tribal need for:

- High-quality early education programs needed to close achievement gaps;
- Culturally-infused curricula to foster early development;
- Collaboration among education, health, welfare, & law enforcement agencies to ensure children receive comprehensive services they need to learn effectively.

(Report of the Consultation with Tribal Leaders in Indian Country, 2010)





Addressing the Problem

- Recognize successful EI communities vs those underserved by EI;
- Examine strong EI programs in Native communities:
 - Laguna Pueblo
 - Native American Pueblo Parent Resources (NAPPR)
 - Growing in Beauty (GIB) Program

(Pedersen & Vining, 2009)





Addressing the Problem (cont.)

- General public awareness campaigns not sufficient;
- Making culturally relevant services available to families;
- Flexibility in all aspects of service.

(Pedersen & Vining, 2009)





Considerations/Cautions

- Ensuring current resource materials about EI are effective in engaging NA families;
- Paying attention to traditional NA approaches to interaction:
 - relationships
 - cultural common ground
 - clan/family connections

(Pedersen & Vining, 2009)





Engaging Native Communities

- Increase understanding by engaging Native communities in a dialogue about:
 - what is working and why;
 - what supports for NA children and family should look like;
 - example of GIB Experience.
- Collaborating with Native communities to craft and deliver culturally relevant services.

(Pedersen & Vining, 2009)





Understanding Cultural Differences

Collectivism

- Independence
- Value on scientific knowledge & competition
- Application to EI: Focus on dev milestones & talking to demonstrate knowledge
- Application to communication: parents value turn-taking, 1:1 communication, holding the floor

Individualism

- Interdependence
- Value on helping and group harmony
- App to EI: Parents may focus on the family as a whole rather than on the individual child.
- App to communication: Parents may focus on polite forms of communication and respect

(Pena & Fiestas, 2009)



Development & Disability

Tribal Views

Nature and elders are repository of knowledge (stories and songs)

Unity of matter/spirit; body/mind: holistic

Spirituality is all encompassing and integral way of life

Interrelationships of all things

Western Paradigms

Reflect values in mainstream

Expert knowledge

Objectivity: disability is an objective, knowable reality

Typical, normal

Labels for disability categories

Disability is a condition- can be diagnosed and numerically quantified

Individualism, independence

Freedom of choice, equity/equality

Efficiency (timelines, protocol)





Effective Approaches for Very Young Children

- Supporting oral traditions;
- Recognizing intergenerational connections;
- Understanding links to history, thought, emotions, and practices relevant today;
- Encouraging spiritual grounding;
- Fostering connection to community participation and history.

(Rinehart, 2000)



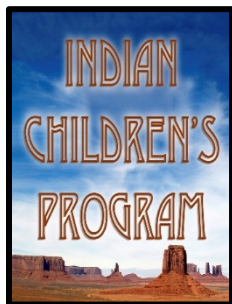
Case Scenario



Closing Activity

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EARLY HEAD START
National Resource Center

Early Head Start National Resource Center Contact Information

Toll Free: [1-888-434-7672](tel:1-888-434-7672)

E-mail: ehsnrcinfo@zerotothree.org

Website:

<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc>

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