

KATHARINE PARHAM

EXCEPTIONAL CIRCUMSTANCES

A Blog Series on Issues In Early Childhood
Special Education

JUNE 2016

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Our work is made possible through generous grants from the Alliance for Early Success; the Foundation for Child Development; the Bill and Melinda Gates Foundation; the Evelyn and Walter Haas, Jr. Fund; the HeisingSimons Foundation; the William and Flora Hewlett Foundation; the Joyce Foundation; the W.K. Kellogg Foundation; the Kresge Foundation; Lumina Foundation; the McKnight Foundation; the Charles Stewart Mott Foundation; the David and Lucile Packard Foundation; the J.B. & M.K. Pritzker Family Foundation; the Smith Richardson Foundation; the W. Clement and Jessie V. Stone Foundation; and the Berkshire Taconic Community Foundation.

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INTRODUCTION

As recently as the 1970s, only a small number of children with disabilities were educated in public schools in the U.S. The Individuals with Disabilities Education Act (IDEA) changed everything in 1975, mandating that states accepting public funds for education must provide special education services to children with disabilities.¹ The 40th anniversary of IDEA last year marked decades of national progress toward equal opportunities for children with exceptionalities. Access to support services, pathways to postsecondary education, and promises of lifelong success have been created and sustained.

However, while significant progress has been made in the past four decades, issues remain in the provision of special education, particularly for the country's youngest learners. Funding streams for early childhood special education are complex and present challenges in the efficient provision of needed services. Inclusion classrooms in early childhood are rare, which denies access and

opportunities for those with special needs to be educated with their peers. And, screenings for early learning deficits are neither common nor mandatory in most places, allowing many children who would benefit from additional support to slip through the cracks.

These and other issues in early childhood special education beget a system that is in many ways a disservice to the students who rely on it to prepare them for future success. This is particularly true for students from low-income or minority families, who are disproportionately likely to need special services throughout their educational careers.² On the recent anniversary of IDEA, former U.S. Secretary of Education Arne Duncan said, "Together, we can, we will, and we must transform education for every one of our students."³ Our youngest and neediest learners need us to heed this call to action. After 40 years of even progress, it is time to take the leap to get this right.

INVEST EARLY, SAVE LATER

I started my education career as an early childhood special educator. In my first days and weeks on the job, I learned an astounding amount. These lessons ranged from the cliché, but truly essential, “patience is a (very helpful) virtue” to the less cliché, but arguably no less essential, “if you plan an activity that uses glitter, expect to find it on everything you own for the next six to nine months.” Among these mantras for navigating daily classroom life, I also learned that when it comes to providing free appropriate public education (FAPE)⁴ for children with disabilities, money is inextricably, often frustratingly, linked.

Tied to federal, state, and local funding sources, financing early childhood special education is complex (see the graphic below). Federal law requires local education agencies (LEAs) to provide free appropriate public education under IDEA, but LEAs are largely responsible for picking up the tab. Under Part B of IDEA, Congress is authorized to provide up to 40 percent of the average per-pupil expenditure for children with special needs, but in most states, federal funds account for an average of only 16 percent of costs, according to some estimates.⁵

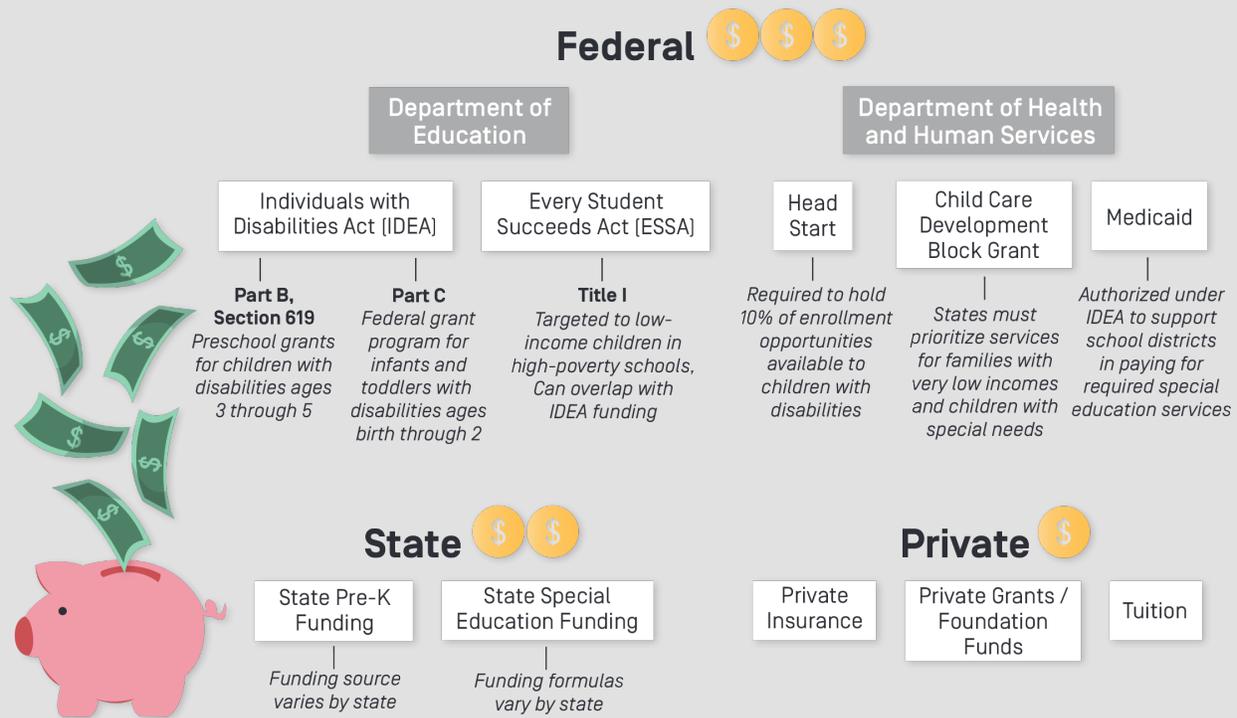
What this funding gap can mean on the day-to-day level is a tension between the provision of legally mandated services and the money necessary to support them. Full-time paraprofessionals,

specialized resources, and qualified special educators all require funding for support. (What makes this all the more challenging is the current shortage of special educators nationwide.⁶) Underfunded special education programs often face perverse incentives that can lead to decisions far from the best interest of students. Lack of funding to support the hiring of a paraprofessional for a student with severe needs, for instance, can lead to incentives to delay a formal evaluation of the child, keep the child in a restrictive classroom environment, or worse—lead well-meaning but cash-strapped administrators to find a reason to move the student to a new educational institution entirely.

When it comes to providing free appropriate public education for children with disabilities, money is inextricably, often frustratingly, linked.

In 2013, sequestration cut \$2 billion from the U.S. Department of Education’s budget, eliminating \$600 million from federal special education funding, leading to budget shortages in special education programs around the country.⁷ Despite this recent shortfall, funding for early childhood

Figure 1 | Early Childhood Special Education Funding Sources



special education could be on the rise next year. In February, President Obama released his FY 2017 budget, which included a number of funding updates to preschool special education funding.⁸ While special education funding for school-aged children (K–12) would stay the same under the proposed federal budget, funding for children with special needs ages birth through five would see an increase in several areas.

Under IDEA Part B Section 619, preschool grants supporting children with disabilities ages three through five would see a \$35 million funding increase in the new budget. And, under IDEA Part C, special education grants for infants (ages birth through two) and families would be allocated an additional \$45 million over last year’s spending levels. Within this \$45 million, \$15 million is

reserved for the Department of Education to provide grants supporting model programs for early screening, referrals, and early intervention services.⁹

This last element—screenings—is very important as early care and education programs play a crucial role in the early identification of children with exceptionalities, enabling schools to support the individualized needs of children from their first year. (Developmental screenings were used as an indicator of states with strong birth-through-third grade policies in New America’s recent report, *From Crawling to Walking*.¹⁰)

Early education can help reduce special education costs later in a child’s educational career. A study from Duke University last year found that a child’s attendance in North Carolina’s “Smart Start” or

“More at Four” programs reduced the likelihood that a child will need special education in third grade by 39 percent.¹¹ There are financial as well as educational benefits to this reduction. The lead author of the Duke report, Clara Muschkin, noted that special education nationwide costs almost twice as much on average as general education. A reduction in the number of students with special needs, therefore, can have long-term financial benefits for states and school districts.

Children from low-income families are least likely to have access to high-quality pre-K, but are also more likely than higher-income peers to be classified as having special needs during their educational career.

Also worth noting in the Duke study is that “More at Four” specifically targets low-income or otherwise disadvantaged four-year-olds. Children from low-income families are least likely to have access to high-quality pre-K,¹² but are also more likely than higher-income peers to be classified as having special needs during their educational career.¹³ It makes sense, therefore, that Muschkin and her team found a reduction by 32 percent in special education placements for graduates of the “More at

Four” program versus a 10 percent reduction for the comparison program, “Smart Start,” which did not specifically target students from low-income families.

Given these results, it is also good news that in addition to the previously mentioned budget increases in the proposed FY 2017 budget, Obama’s latest proposal once again puts \$75 million toward a new federal-state partnership designed to provide all low- and moderate-income four-year-old children with high-quality pre-K.¹⁴ This Preschool for All initiative, partnering with all 50 states, would allocate funds to states based on the number of children in each state from low- and moderate-income families.¹⁵

According to the Department of Education, the number of children served under IDEA has increased under both Part C (children birth through age two) and Part B Section 619 (children ages three through five) since 2004.¹⁶ As the department’s most recent annual report notes, six percent of the population of U.S. children ages three through five receives specialized education services annually under IDEA, along with 2.8 percent of children ages birth through two.¹⁷ As these population percentages continue to increase, appropriate funding to support the needs of children in school settings is essential and is a solid investment for school districts more broadly. Here is hoping the president’s increased budget allocations for early childhood special education become a reality.

INCLUSION CLASSROOMS: FAIR BUT NOT EQUAL

There was a specific culture-building lesson I liked to use at the beginning of each school year during my time as an early elementary teacher. I would call three students of varying heights to the front of the room, where I'd taped three pieces of candy evenly across the board.

"You may each take one piece of candy," I'd say, knowing that given their heights only the tallest of the three students would be able to reach a piece. When the righteously indignant protests began, I would pose a crucial question to the class: "Is this fair?"

Amidst the shrieks of "No!" I would offer the shorter students chairs to stand on. "What about now?" I'd say. "Fair?" (Yes!) "Okay... but is it equal?"

This activity led to what I considered one of the most essential discussions for laying a strong cultural foundation in my classroom. Understanding that some classmates might need different kinds of help (different "chairs," as it were) to be as successful as others in reaching our classroom goals helped build a small, but mighty, cadre of youngsters all primed to support one another and operate in an environment where their teacher frequently gave more attention to some

students than others. In my third year of teaching, I taught second grade in an "inclusion" classroom setting, meaning my roster included both general and special education students, each with a diverse set of individual needs. There were challenges, to be sure, but this "fair-but-not-equal" foundation of what appropriate behaviors should look like led to incredible, often unprompted displays of empathy among students throughout the year.

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While inclusion classrooms in early elementary school are becoming more common, inclusion settings in early childhood education remain rare. Many children with disabilities face barriers to accessing high-quality, inclusive pre-K, and they are frequently relegated to classrooms completely

separate from their peers.¹⁸ In light of this, and in an effort to set a national expectation for the availability of high-quality inclusion classrooms in all early childhood programs, the U.S. Departments of Education (ED) and Health and Human Services (HHS) recently released guidance on the importance of inclusion in early learning.¹⁹ In a webinar hosted in February by the Office of Special Education and Rehabilitative Services (within ED), Assistant Secretary Michael Yudin noted the gravity of this expectation with his introductory remark: “Being meaningfully included as a member of society is the first step to equal opportunity in this country. It is one of America’s most cherished ideals and is every person’s right.”²⁰

The newest guidance, issued in September 2015, includes recommendations for both states and early childhood programs and providers. States are charged with creating interagency task forces to plan for inclusion, ensuring high-quality ratings systems for early childhood programs that support inclusive practices, and creating professional development that meaningfully includes the education of young children with disabilities. Similarly, the guidance recommends that early childhood providers partner with families on advocacy and policy development, develop formal collaborations with community partners, and strengthen collaboration among staff members to better support inclusion.

Each of these recommendations will take a huge lift by the entity responsible for implementation, as the current reality for inclusion in early childhood settings is complex. IDEA does not actually use the term “inclusion” at any point. What it does mandate is that schools place children in their “least restrictive environment” (LRE), meaning that to the maximum extent possible schools should educate students with disabilities alongside their peers in the regular classroom with appropriate aids and supports, unless a student’s individualized education program (IEP) requires another arrangement. The issue in early childhood settings is that meaningful, differentiated options are often unavailable to the parents of young children

with special needs. Most often, there is just one option: education separate from children without disabilities.

Why is this? There are a number reasons commonly cited as barriers to creating inclusive learning environments, including: false beliefs and negative attitudes about inclusion, interpretations of IDEA that emphasize individual IEP requirements over LRE requirements, lack of training among the early childhood workforce, lack of comprehensive services necessary for student support, and limited time to build necessary partnerships.²¹ Though challenging, none of these are insurmountable obstacles. But, in sum, they have led to a large deficit of inclusive early childhood programs relative to nationwide demand.

Establishing this crucial “degree of belongingness” through inclusive environments shapes children’s expectations for all future relationships, and impacts how they will live and work within their communities.

Despite this reality, a huge body of research exists on the benefits of inclusive environments in the early years for children with disabilities. Mary Beth Bruder of the Center for Excellence in Developmental Disabilities and Michael Guralnick of the Center for Human Development and Disability note that initial experiences with the early education system determine how connected children feel to their natural community for the rest of their lives.²² Establishing this crucial “degree of belongingness” through inclusive environments shapes children’s expectations for all future relationships, and impacts how they will live and work within their communities. Further, children with disabilities in inclusive classrooms experience greater socio-emotional and cognitive development than peers relegated to programs serving only children with disabilities.²³

Also worth noting is that children without disabilities also benefit significantly from learning in inclusive environments. Studies show that typically developing children who engage at young ages with peers who have disabilities develop more positive attitudes and levels of understanding toward diverse counterparts than those who do not.²⁴ It seems impossible, knowing this, to argue against any opportunity that might enable the next generation to grow up with more empathy for those different from themselves, especially as the U.S. becomes increasingly diverse.

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There are some strong examples of existing inclusion programs around the country that others can learn from. Head Start, for instance, supports

quality inclusive environments among its programs by providing resources and instructional strategies to increase the effectiveness of teachers working with diverse groups of students.²⁵ Head Start's leadership is positive, but more work is needed. Less than half of all American children attend pre-K, and even fewer have access to high-quality pre-K programs.²⁶ Children with disabilities are all the more limited, therefore, in their options for high quality, inclusive early childhood schooling.

The push to increase the number of inclusive early childhood settings is worth the effort, and the time is right for making change. Last year marked a number of important anniversaries for early childhood special education: the 25th anniversary of the Americans with Disabilities Act, the 40th anniversary of the Individuals with Disabilities Act, and the 50th anniversary of Head Start. Across these spans of important progress unfortunately also lie a history of segregation and denial of access for children with disabilities. Research and decades of educator experience point to the potential of inclusion for dramatically changing the lives of children both with and without disabilities. We should work to ensure every child has the opportunity to be included.

A CALL FOR UNIVERSAL SCREENINGS

Anthony and Raj entered kindergarten at my school the same year I started working as an Assistant Principal and Response to Intervention Coordinator. Identical in age, preferences for cheese sticks over carrots, and a penchant for constantly taking off their shoes, they also shared similar academic and behavioral tendencies. Both boys struggled to interact with their peers and retain information from one day to the next. There was one significant difference between them, however. Anthony had been diagnosed at age two with a form of autism spectrum disorder (ASD), and had been receiving additional support services for three years, while his classmate, Raj, had not.

Anthony's family had concerns about his rate of development, and had requested a developmental screening through his doctor. The screening revealed delays compared to peers his age, and he was formally evaluated. His ASD diagnosis enabled Anthony to start working with specialists from almost the youngest possible age, and he entered kindergarten with the kind of paperwork that would enable him to receive school-based interventions upon his arrival. On the other hand, Raj, who in second grade would also be diagnosed with a form of ASD, could not receive any additional support in school until he began the screening process mid-way through kindergarten. The differences in Anthony and Raj's stories are not uncommon, but they highlight the critical role that early childhood

screenings can play in enabling those with exceptionalities to get the supports they need as early as possible.

A number of screening tools exist to determine a child's progress in areas such as language, social, or motor development, relative to norms for children at their exact age. Screeners can take many forms, but guidance from the U.S. Department of Health and Human Services (HHS) from 2014 notes that early childhood developmental screenings must be both reliable and valid.²⁷ Reliability refers to the stability of scores on the evaluative tool regardless of when or where it is administered, or who is administering it. Validity means the scores reported by the screener accurately assess what they are meant to assess. Both elements should be present, according to HHS, in order to have a clear sense of how a child is developing.

The importance of reliable and valid screenings cannot be understated. According to the Pennsylvania Department of Public Welfare, as many as one in four children from birth through age five are at risk for developmental, behavioral, or social delays.²⁸ The Centers for Disease Control and Prevention (CDC) further notes that one in every 68 children in the U.S. has been identified as having ASD,²⁹ and the prevalence of autism is on the rise.³⁰ ASD can be diagnosed as early as age two, but most children are not identified until after age four.

Early screenings could change that, as high-quality early intervention can dramatically alter a child's developmental trajectory.³¹

Despite the potential benefits, developmental screenings in the early years (birth to age five) are not widely used in most places. Their use is determined on a state-by-state basis. Usually, screenings take place at the behest of a pediatrician, typically after a family has requested it. Minnesota is the only state that practices free, statewide early childhood screenings, and has since 1977.³² State law in Minnesota mandates that all children be screened before entering kindergarten in public schools.

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Although Minnesota has a greater chance than other states of catching children who need early intervention services, questions about the practice remain. Is it worth the taxpayer's dime, not to mention the time commitment it takes annually to screen over 60,000 children for an hour or more each? The Minnesota Department of Education reports screenings cost approximately \$70 per child, and argues this is cost effective because early intervention can be highly successful in addressing issues before they compound.³³

For children from low-income and minority populations, this argument is particularly urgent, as these groups are more likely than others to be affected by developmental delays.³⁴ Additionally, and unfortunately, they are also least likely to have access to services that could address these delays. Federal law requires that all states provide early intervention services to children identified as having a developmental delay. The sticking point for many groups is the simple act of identification. The

American Academy of Pediatrics (AAP) recommends children receive developmental screenings at nine, 18, and either 24 or 30 months of age. AAP estimates 13 percent of young children between nine and 24 months old have developmental delays, but that only one in ten receives intervention services by 24 months.³⁵

In light of this, in 2014 the U.S. Department of Education's Office of Special Education and Rehabilitative Services launched an initiative to encourage the wider use of early developmental and behavioral screenings. The Birth to Five: Watch Me Thrive! program provided information to families and health providers on available, research-based screening tools as well as guidelines for invested parties.³⁶ The federal government does not require early screenings, however, so not all schools and early childhood programs expend resources toward their universal use. Many states have cited additional barriers to mandating screenings prior to kindergarten, including time constraints, staff limitations, financial restrictions, and lack of information during the selection process of screening instruments available.

We have all heard the proverb, "it takes a village to raise a child," articulating the need for a supportive community made up of family, friends, and oftentimes specialists, in order to ensure the full development of a child. In cases where young children are struggling, or developing at a rate slower than similarly-aged peers, the question of which specialists are most needed becomes highly relevant. Early childhood screenings are a useful strategy for beginning to answer that question, and have the potential to make an enormous difference in the trajectory of support received by children who need it most. To know that the lives of children like Anthony and Raj and so many others could be dramatically affected with such a simple intervention should be a powerful impetus for utilizing screenings on a larger scale. Every child deserves the opportunity for exceptional outcomes.

Notes

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