

First Five Years Fund Briefing
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Hello, my name is Dr. Kathleen Hebbeler. I am a developmental psychologist and a researcher with SRI International in Menlo Park, California. I have had the privilege of conducting research on programs for young children with disabilities for over 30 years. I am going to talk to you today about why providing early intervention to these children is so crucial to their development and to later success in school. By early intervention, I mean the developmental and therapeutic services provided to infants, toddlers and their families through Part C of IDEA, the Individuals with Disabilities Education Act.

What do we know about early intervention and outcomes for infants and toddlers with disabilities? We know that intervening early changes their life trajectory. If you think of development as a series of forks in the road, some leading to better outcomes than others, early intervention puts children on a path that leads to better outcomes. This is not a speculative statement. We know that early intervention changes children's lives from four different kinds of evidence. One, we know from research on the developing brain that the first three years of life are critical to development -- and to re-directing the course of development when something goes wrong. Two, we have numerous studies on specific interventions with samples of children that show that with appropriate intervention, young children with disabilities definitely improve. Three, (and this is one we often forget), we have historical evidence on the power of early intervention. For example, there are older people with Down syndrome in this country who cannot work, and need significant care. Today, we have children with Down syndrome who can read. How did this happen? The syndrome has not changed but what we know about how to intervene with these children starting at birth has changed dramatically. Four, we know from a national study that many of the children who participate in early intervention do not need special education when they get to kindergarten. This is the evidence I want to talk to you about today.

Before I tell you more about this study, I want to talk to you about who receives early intervention. In 2007, there were over 316,000 children in the U.S. under the age of 3 who had developmental delays, disabilities, or risk conditions who were receiving services through Part C of the IDEA. Nationally, the number of children served was a little over 2.5% of the population under age 3 but this percentage varied considerably from state to state with 8 states serving more than 4% of the population and 4 states and the District of Columbia serving less than 1.5%. Some of this state-to-state variation comes from IDEA which allows states to set their own eligibility criteria for the program.

Who are these children? What they have in common is that they are all experiencing serious developmental challenges but some of these challenges are far more devastating in their impact on development. Some of these children, such as those with genetic conditions or prenatal problems are identified at birth. Seventeen percent of the children in early intervention weighed less than 1000 grams or 2.2 pounds when they were born. Other children have developmental problems that emerge as they get older. Children with autism are one example. Nearly two-thirds of the children in EI have no medical diagnosis; for unknown reasons, their development does not progress the way it is supposed to. Sixty-two

percent of the children begin EI after 24 months of age and these are very different children than those identified in the first six months.

And so at birth, or 18 months or 25 months, depending on when the child's difficulty is diagnosed, the child and family begin receiving early intervention. In 1996, my colleague at SRI, Dr. Donna Spiker, and I began directing the National Early Intervention Longitudinal Study (NEILS), the first and only national study of children receiving Part C services. This study followed a nationally representative sample of over 3,300 children from the time they entered early intervention through kindergarten. Let me tell you some of what we learned from this study.

I mentioned earlier many children did not need special education at kindergarten. Specifically, 54% were receiving special education, another 11% were reported to have a disability but were not receiving special education, and 35% had no disability. Is this good news? When you consider who these children are, it is incredible news. These are children who were at very high risk of needing special education at kindergarten and many did not. Just in case anyone is thinking "why didn't early intervention keep all of the children out of special education?" let me remind you who these children are: some have very severe disabilities. The best early intervention we know how to deliver can alter the course of development but the blind children are still blind and the children with cerebral palsy will still have cerebral palsy. To expect all children who participate in early intervention to not need special education is very unrealistic but what is amazing is just how many children no longer needed special help.

And the good news is even better. When we looked at the early reading and mathematics achievement of the group of EI graduates who were not in special education, we found they were performing just as well as the general population of children in kindergarten. The percentages of children who could do things like produce rhyming words or solve number problems with objects was almost identical to what we see in the general population. Furthermore, teachers reported that 37% of the children receiving special education had average or above average academic skills.

Early intervention is a program for families, not just children, and the study found that families also benefited from EI. Families told us they knew how to help their child learn and develop, they had support systems, and they knew how to work with professionals and advocate for their child. When their child was in kindergarten, at least 2 years after they left EI, the majority of families reported they were better off because of early intervention: 64% said they were much better off and another 20% said they were somewhat better off because of the help and information provided by the program.

I would like to close with some recommendations related to future directions for early intervention.

1. Increase the federal support for this program. The program needs to serve more children. Right now some states are considering redefining their eligibility criteria to serve fewer children to save money. Over the last 10 years, 20% of the states have narrowed their eligibility criteria. The very children who will not be served when states tighten criteria are the children with the mildest problems – and these are the

same children who stand the best chance of not needing special education services later if early intervention services are provided.

2. Put policies in place to insure every child and family in EI receives high quality services. Good programs produce good outcomes and poor programs do not. I wish that I could tell you that every child and family right now is getting high quality early intervention but as I listen to people from around the county, I don't believe this to be the case. States are right now beginning to collect their own data on child outcomes which is an important first step to ongoing program improvement. However, states need more support in the form of policy and resources to build the infrastructure to insure every family gets high quality services. By infrastructure I mean:
 - Highly qualified personnel in all states
 - Reimbursement policies that support rather than operate as a barrier to best practices.
 - Support for leadership development at the local level so all administrators responsible for overseeing the delivery of EI services understand what constitutes quality service.
 - New assessment tools that reflect the latest research and recommended practices
 - Individual child record data systems that will allow practitioners to record and track children's progress much like teachers are being asked to do in K-12. Also, the capability to link outcomes from early intervention to preschool outcomes and ultimately to K-12. A few states, like Kansas, can do that now. As states set about to build longitudinal data systems for K-12, they need to include children who received services prior to kindergarten.
3. Finally, there is a dire need for more national research on early intervention. The data I shared with you today is the only national study we have and those children began EI in 1997-98. It is past time to begin another national study of child outcomes. The Part C program was created in the 1986 amendments and we have never had a national study of what early intervention programs look like at the local level --which is why I have nothing better than hearsay to report when I tell you there are some concerns about uneven quality. We cannot make good policy in an information vacuum.

In closing, I thank you for the opportunity to share what we have learned about early intervention. We know it is an extremely important program for children who face developmental challenges and for their families. The evidence is strong that this is an investment that changes lives. With additional support, this strong program can become even stronger.

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Additional Information

Number of children receiving early intervention in 2007: 316,730

Percentage of the population, 0 to 3 years: 2.52%

States serving more than 4%: Hawaii (6.94), Massachusetts (6.72%), West Virginia (4.79%), Rhode Island (4.61%), Wyoming (4.38%), New York (4.11%), New Mexico (4.05%), Vermont (4.0%)

States serving less than 1.5%: District of Columbia (1.19%), Georgia (1.2%), Mississippi (1.34%), Missouri (1.45%), Alabama (1.46 %)

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS). Available at https://www.ideadata.org/arc_toc9.asp#partcCC

Findings from the National Early Intervention Longitudinal Study (NEILS)

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These and additional NEILS reports available at <http://www.sri.com/neils/> NEILS was funded by the U.S. Department of Education, Office of Special Education Programs.

The Early Childhood Outcomes Center compiles information about the collection of data by states on the outcomes of early intervention: www.the-eco-center.org