



National Study Profiles Children Entering Early Intervention

FPG Snapshot

#20 August 15, 2004

Significance, Structure of Study

THE NATIONAL EARLY INTERVENTION LONGITUDINAL STUDY (NEILS) is the first national study of the Part C (IDEA) early intervention (EI) system with a nationally representative sample (3,338) of children and families receiving early intervention services.

The study follows the children from the time they entered early intervention (in 1997 and 1998), annually while receiving EI services and at or before 36 months of age, and at entry to kindergarten.

NEILS was designed to provide both descriptive and explanatory information about the children and families in early intervention, the services they receive and their outcomes.

NEILS is based on the recognition that outcomes for children and families are influenced by a complex interplay of child, parent, and community factors with EI services.

This national portrait of the children and families at entry to part C service addresses two major questions:

WHO ARE THE INFANTS AND TODDLERS WHO ENTER THE EARLY INTERVENTION SYSTEM?

Data presented include information on the children's age at entry, race/ethnicity, gender, reasons for eligibility, specific disabilities, and health characteristics.

WHO ARE THE FAMILIES WHO HAVE INFANTS AND TODDLERS WHO ENTER THE EARLY INTERVENTION SYSTEM?

The data include sociodemographic information of the family, such as income, receipt of public assistance, poverty status, and maternal educational attainment.

For each question, where available, national data are used to compare the characteristics of children and families in early intervention with those of children and families in the general population.

REASON FOR ELIGIBILITY

The most frequent reason was related to delays in speech, language, or communication, described as a reason for 39% of all children entering EI.

LOW BIRTH WEIGHT

A disproportionate percentage of infants and toddlers in EI were low birth weight (32% versus 8% of the general population).

HEALTH STATUS

Children entering EI were rated by their caregivers as less healthy than children in the general population. Only 61% were rated in excellent or very good health versus 84% in the general population.

Among children entering EI, only 51% from households with incomes of \$15,000 or less a year were rated in excellent or very good health, versus 71% of those with incomes over \$75,000 a year.

FAMILY CHARACTERISTICS

More than a quarter of families who began EI services had household incomes of \$15,000 a year or less, versus 21% in the general population.

POVERTY LEVEL

The proportion of children at or below the poverty threshold was greater for all racial and ethnic groups entering EI except for those in the "other" category, with differences most pronounced for African-American and Asian infants and toddlers in EI.

FOSTER CARE

A substantial proportion (7%) of infants and toddlers entering EI were living in foster care versus the .8% of all children in foster care in the general population.

Key Findings

CHILD CHARACTERISTICS

Of infants and toddlers who entered early intervention (EI), 62% were eligible because of developmental delay, 22% because of diagnosed medical conditions, and 17% for reasons related to biomedical conditions and/or environmental factors putting them at risk of developmental delay.

Thirty-eight percent entered EI before their first birthday, versus 28% entering in the second year and 34% in their third year.

The disproportionate representation of boys (60%) was most predominant among children eligible because of developmental delays (64%).

There were disproportionately more African-American infants (21%) entering EI, versus 14% in the general population.

This *Snapshot* is based on the article "A National Picture of Children and Families Entering Early Intervention" by Anita Scarborough, Don Bailey, and Rune Simeonsson of the FPG Child Development Institute at UNC-Chapel Hill, and Donna Spiker, Sangeeta Mallik and Kathleen Hebbler, all of SRI International. It was published in *Exceptional Children*, 70-4, pp469-483.

Discussion

The characteristics of young children entering EI parallel the well-established connections between poverty, ethnic minority status, disability, cognitive development and health status.

The representation of African-American children in EI foreshadows the continued high prevalence of African-American children in special education populations at later ages.

The association between stress related to racial discrimination and aspects of health, including low-birth-weight has been studied. Racial differences in rates of low birth rate have been speculated to be related to barriers to health care, such as lack of medical insurance and a regular medical home.

Furthermore, increased exposure to an array of environmental hazards, such as air pollution and toxins associated with poor housing conditions, has been associated with contributions of race/ethnicity and income to poorer health outcomes and disability status.

Barriers to health care and the stress engendered by the reasons for those barriers may function as a common contributor linking poverty, minorities, disability, poor health status, low birth weight, and entry to EI services.

The surprisingly high proportion of infants and toddlers with disabilities entering EI with health insurance suggests that poor children with insurance may be more likely to receive EI services than those without it.

The sizable proportion (32%) of families at or below the poverty level in EI suggests that Part C has achieved some degree of success in reaching this high-risk population.

A limitation of this study design is that findings describe infants and toddlers entering EI and provides no information

about all children who might be eligible for such services. It is likely that not all children eligible for Part C are being served.

The longitudinal portion of NEILS will provide a rich resource of information to answer questions about child and family characteristics and the relationship with long-term outcomes for children at 36 months of age and at kindergarten entry.

Implications for Practice

NEILS has found that children enter EI across the first 3 years of life for varied reasons; some are born at typical birth weight, and most are considered healthy at the time of entry to EI.

EI serves families from a wide range of income groups and education levels, although there are more very poor families and a higher proportion receive welfare payments than in the general population.

The existing EI service system was developed based on the premise that children's interactive experiences with their environment can alter their developmental trajectories. The diverse characteristics of children in EI reinforces the requirement of individualized early intervention services that consider the unique needs of each child with the broader ecological context of the family in order to optimize the child's development.

Because there is no typical child in EI, there also can be no standard intervention, curriculum, or approach that would be appropriate for all children.

The varied nature of the population receiving early intervention services also has implications for the outcomes these children are likely to experience in the coming years in terms of developmental trajectories and need for special education. Infants who enter EI for reasons related to pre- and perinatal events associated

with low birth weight and prematurity, for example, are likely to experience varied long-term outcomes.

Outcomes for children who enter at later ages for reasons related primarily to speech/language delays also are likely to be diverse. Early language and communication delays have been shown to function as potential indicators of a specific learning disability, especially related to reading, and of behavior difficulties, particularly attention deficit hyperactivity disorder.

The longitudinal follow-up of the NEILS population will document the different developmental trajectories of the varied population of infants and toddlers who receive Part C early intervention services. ■

To Learn More

NEILS WEB SITE

<www.sri.com/neils/>

Dunst, C. J., & Bruder, M. B. (2002). Valued outcomes of service coordination, early intervention, and national environments. *Exceptional Children*, 68, 361-375.

Hebbeler, K. M., Spiker, D., Mallik, S., Scarborough, A., & Simeonsson, R. (2003). *Demographic characteristics of children and families beginning early intervention*. Meno Park, CA: SRI International.

Park, J., Turnbull, A. P., & Turnbull, H. R. (2002). Impacts of poverty on quality of life in families of children with disabilities. *Exceptional Children*, 68, 151-170.

Williams, D. R., Neighbors, H. W., & Jackson, J. S. (2003). Racial/ethnic discrimination and health: Findings from community studies. *American Journal of Public Health*, 93, 200-208.



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THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL