

Journey through Early Head Start, Early Intervention, and Beyond

Chair: Carla A. Peterson

Discussant: Mark S. Innocenti

Presenters: Shavaun Wall, Rob Corso, Ellen Kisker, Gayle Luze

Peterson: Data for this presentation were drawn from two projects. The Early Head Start (EHS) Research and Evaluation project and the SpecialQuest Project. The EHS Research and Evaluation project, a randomized study of 17 EHS programs with 3,001 families with infants enrolled, presented a unique opportunity to examine the prevalence disability indicators in a sample of young children living in poverty. The SpecialQuest Project has provided training to over 500 Early Head Start and Migrant and Seasonal Head Start teams from all 50 states and U.S. territories. The project evaluation was built on a logic model designed to gather data about the program's immediate, intermediate, and long-term outcomes.

- **Early Head Start, Disabilities, and Service Participation**

Shavaun Wall, Ellen Kisker, Gayle Luze, Carla Peterson, Jean Ann Summers, Michaela Farber

The purpose of the present study was to examine whether families with children with disabilities received more or different EHS services and community services, including early intervention services, than other EHS families. Families of EHS children with disabilities had greater participation in EHS services than other EHS families. They were enrolled longer (27 vs. 22 months on average) and were more consistently rated as highly involved in the EHS program by staff (50% vs. 35%). Analyzing services by EHS performance standards, the families of children with disabilities received significantly more services ($p < .05$) within all 3 categories explored: child health and developmental assessment, education and early childhood development, and family partnerships. The findings demonstrate that EHS increased identification of eligibility and receipt of early intervention services. EHS families of children with disabilities received more EHS services and community services than other EHS families.

- **Impact of Training on Family and Service Provider Partnerships**

Rob Corso, Linda Brekken

Data collected from a national training program which trains EHS programs, families, and their early intervention and child care partners to provide inclusive services to infants and toddlers with disabilities and their families were shared (Knapp-Philo, Corso, Brekken, & Heal, 2004). The training program has worked with over 500 EHS and Migrant and Seasonal Head Start teams from all 50 states. The evaluation utilized a variety of qualitative and quantitative data collection strategies, including pre- and post-surveys, focus groups, interviews, and case studies. These data reflected multiple perspectives from across the nation, illustrating ways programs can work collaboratively to build relationships, engage in joint planning and service delivery, and develop effective systems of communication to enhance child and family outcomes, while

successfully providing inclusive services in EHS and child care settings (Corso, Bernheimer, Pickard, & Brekken, 2005).

References

Corso, R., Bernheimer, C., Pickard, E., & Brekken, L. (2005). Internal Evaluation Report, Hilton/Early Head Start Training Program, Sonoma State University, Rohnert Park, California.

Knapp-Philo, J., Corso, R. M., Brekken, L., & Heal, H. (2004). Training strategies for the 21st century. *Infants and Young Children*, *17*(2), 171-183.

- **Beyond Early Head Start: Preschool Early Care and Education Experiences of Low-Income Children With Disabilities**

Ellen Kisker, Gayle Luze, Carla Peterson, Helen Raikes, Shavaun Wall

This paper examined patterns in early education and care experienced by low-income preschool children with and without a disability based on data from the EHS Research and Evaluation Project. Before age three, children with a disability were in child care at approximately the same rates as children without a disability. However, control group children with a disability were less likely than those without a disability to be in child care at earlier ages (14 and 24 months), and their mothers were less likely to be employed. With a couple of exceptions, the data suggest that children with and without a disability received care of similar quality. In family child care settings, children with a disability received lower quality care than children without disabilities (Wall, Kisker, Peterson, Carta, & Jeon, 2005).

Levels of participation in formal early care and education during the preschool years were very high. However, participation levels were significantly higher among the nearly 20% of children whose parents reported that they were eligible for or receiving early intervention services, possibly reflecting greater rates of identification of disabilities among children attending preschool or center-based child care. Some evidence was found that children with a disability received higher quality care than other children in center-based settings, but the average quality of care was good for both groups. In addition, prior EHS participation and early identification of a disability were not associated with higher levels of formal care later.

Reference

Wall, S., Kisker, E. E., Peterson, C. A., Carta, J. J., & Jeon, H. J. (2005). Child care for low-income children with disabilities: Access, quality, and parental satisfaction, *Journal of Early Intervention*, accepted for publication.

- **Continuity of Disability-Related Services**

Carla Peterson, Gayle Luze, Judith Carta

Using data from the Early Head Start Research and Evaluation Project, a four level framework for considering disability indicators was developed to examine the prevalence of these indicators among low-income children during their preschool years. More than

half the children in this sample had at least one disability indicator during their preschool years, and 18.5% received early childhood special education (ECSE) services. Only 5% of all children in the U.S. received ECSE services. Among these children living in poverty, the rate of special education participation was more than three times higher during the preschool years than during the infant and toddler years. In addition, there was considerable discontinuity of disability-related services between the birth to age 3 and the preschool age period. Less than half the children who received Part C services between birth and age 3 received ECSE services later. Children whose families face numerous challenges (e.g., of color, do not speak English well, very low incomes) were more likely than their peers to have suspected delays but not necessarily to receive ECSE services.

- **Discussion**

Mark S. Innocenti:

The papers in this symposium provided direction toward future action by increasing our understanding of services received while children are in EHS and in preschool. These studies provided information that addresses system issues and training issues. System issues focused on understanding the myriad of services potentially available to these children and families, what services are or are not utilized, and where system gaps appear. Training issues focused on the process of partnership, how parents can be best involved, and the need for a better understand of what needs the different services meet. The information from these studies increased our understanding of the journey through Early Head Start and beyond.