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ABSTRACT

As part of a series on the legal and governmental foundations governing education of handicapped and gifted children, the booklet focuses on the provision of developmentally appropriate services to handicapped infants and preschool age children and their families. An initial section reviews the literature on the benefits of early intervention in terms of value to children, value to families, social benefits, and economic benefits. Charactertistics of early childhood special education programs are briefly considered in a second section. Federal and state early childhood special education policy are examined in the third and fourth sections, with particular emphasis on P.L. 94-142 (the Education for All Handicapped Children Act) and Section 504 of the Rehabilitation Act of 1973. Discussed are considerations that are essential in framing a public policy, along with the fiscal ramifications of these considerations. (Author/SW)

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SPECIAL
EDUCATION
IN
AMERICA
ITS
LEGAL
AND
GOVERNMENTAL
FOUNDATIONS
SERIES

Barbara J. Smith

POLICY CONSIDERATIONS RELATED TO EARLY CHILDHOOD SPECIAL EDUCATION

A product of the ERIC Clearinghouse on Handicapped and Gifted Children

The Council for Exceptional Children

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ABOUT THE SERIES

The past two decades have brought about dramatic changes in the fundamental policies governing special education. Terms that today glibly roll from our tongues, such as the right to education, IEP, due process, nondiscriminatory assessment, zero reject, and least restrictive environment, were not a part of our lexicon only a decade ago. Today it is not sufficient to simply know how to teach in order to be a teacher; to know how to manage in order to be an administrator; or to know how to care in order to be a parent. Today, and in the future before us, all persons involved in special education must be fully knowledgeable of the legal and governmental foundations governing education of handicapped and gifted children. It is to this purpose that this series is devoted.

It is natural that The Council for Exceptional Children undertake this series due to its role as the authority and resource educators look to for guidance in providing an appropriate education for their handicapped and gifted students. CEC has been a dominant force in translating the fundamental precepts of special education into policies that provide basic protections for exceptional children and their families. In fact, the policy research activities of CEC have provided the models upon which many federal, state and provincial, and local policies have been formulated and evaluated. CEC's activities at all levels of government have been a major force in the adoption, implementation, and enforcement of progressive public policy. And finally, through its publications, training materials, conventions, workshops, technical assistance, and other services, CEC has been a major resource whereby policy makers and utilizers understand policy and translate it into action.

This series represents a next step in the evolution of CEC's public policy publications. The flagship text for the series, Special Education in America: Its Legal and Governmental Foundations, edited by Joseph Ballard, Bruce Ramirez, and Frederick Weintraub, provides the basic knowledge that every general and special educator and parent of an exceptional child should have. The text is designed for use in professional training programs as well as a basic information resource for practitioners and parents. It is not a book written for lawyers—the editors have tried to follow the old axiom, "keep it simple," to assure a style that is understandable to the general public. Chapter authors were selected because of their extensive knowledge of the subject and their ability to communicate this knowledge in understandable terms. The supplemental works of the series, published as ERIC Exceptional Child Education Reports, provide more intensive information in specific subject areas, but do not repeat the basic information contained in the primary text. For example, the reader whose primary interest is in early childhood special education policy issues would first want to obtain a knowledge base in special education policy by reading Special Education in America: Its Legal and Governmental Foundations, and then turn to Policy Considerations Related to Early Childhood Special Education, by Dr. Barbara J. Smith, for a thorough treatment of this specific policy area.

Some may ask, "Why publish a special education public policy series when so many proposals for change are being promoted?" Public Policy is dynamic and, thus, is always in a state of change. However, the fundamental policy principles tend to evolve over time on a steady course, while the more detailed requirements tend to shift with the political and economic winds. Therefore, the primary text of the series serves as a basic work that will have reasonable longevity, while the more detailed supplemental publications, such as this one, will have a shorter life span and will be updated accordingly. Further, we believe that in a period in which change is being discussed, it is imperative that persons affected by such changes understand the nature and evolution of present policies so that they can better assess and contribute to the changes being proposed.

Frederick J. Weintraub

TABLE OF CONTENTS

PAGE

INTRODUCTION

There is no question that appropriate early intervention is necessary if handicapped children are to develop to their full potential. Research findings over the last 15 years have documented the many benefits of providing developmentally appropriate services to handicapped infants and preschool-age children and their families. Yet there are few state and no federal assurances that all of these children will receive such services from birth. As in all areas of public policy, the fiscal realities of the time often constrain the way a policy is framed. As Swan (1981) points out, "One of the most effective means of encouraging states to support early intervention is demonstrating significant child progress and providing cost/benefit data from such programs" (p. 2).

In order to aid decision makers in their attempts to frame early childhood policies, this report will (a) review the literature relating to the benefits of early intervention, (b) describe the current status of state and federal policy, and (c) discuss considerations that are essential in framing a public policy, along with the fiscal ramifications of these considerations.

EARLY INTERVENTION BENEFITS

The use of effectiveness studies has proven to be critical in developing public policy. Swan (1981) suggests six factors to consider when conducting efficacy studies to make them more useful to policy makers:

1. Precision of the statement of the question to be answered.
2. Definition of the treatment model.
3. Determination of the measures of effectiveness.
4. Determination of a research design and data analysis consistent with the research question.
5. Determination of length of time for data collection.
6. Communication of the results in a timely manner to the appropriate audiences.

The approach one follows in data collection is important, but so is the use of the information collected. Following is a brief discussion of some of the available data relating to the importance of early intervention to the child, the family, and society.

Value to Children

During the past decade the literature showing the effects of early intervention on the development of handicapped and high-risk children has grown substantially. Early studies have shown the first three or four years of life to be the fastest period of human learning and development (Bloom, 1964; Hunt, 1961; Kirk, 1958). This knowledge forms the basis of the proposition that early intervention services increase the possibility of remediating and habilitating the effects of a handicapping condition. Subsequent studies confirm the positive effects of providing special education and other early developmental services to very young handicapped children and infants (Moore, Anderson, Frederick, Baldwin, & Moore, 1979; Stedman, 1977). "High-risk children—children who, because of medical or environmental factors, are at risk of developing a handicap—have been shown to make significant gains in motor, language, social/emotional, cognitive, and self-help skills as a result of early intervention (Lazar, 1979; Weikart, Bond, & McNeil, 1978). Differences in learning between high-risk infants participating in an early intervention program and those not in a program have been documented for children as young as 18 months (Ramey & Smith, 1976). Moreover, it has been recently shown that the more years retarded children spend in preschool programs, the more significant the gains (Moore et al., 1979).

Bricker and Sheehan (1981) report that the positive effects of an early intervention program are not confined to the handicapped children in the program, but are demonstrated by the nonhandicapped and high-risk children attending the program as well. Early intervention has been shown to aid the development of language-handicapped bilingual young children (Weiss, 1981). In a follow-up study, 80% of the graduates of a special education preschool program were found to be within the regular education setting (Karnes, Shwedel, Lewis, Ratts, & Esry, 1981). Other longitudinal studies (Moore, Frederick, & Baldwin, 1981) have found that "at least with disadvantaged or mildly handicapped children, a preschool experience in a well-planned and monitored program will result in immediate gains that are likely to last for at least four years following that experience" (p. 96). In an effort to indicate such benefits for the more seriously handicapped, Moore et al. (1979) studied the effects of preschool experiences on trainable mentally retarded students several years after the preschool experience. The data did, in fact, display significant lasting positive effects on the students' later school performance. Schweinhart and Weikart (1981) found significant positive performance difference at age 15 between children who had received preschool services and those who had not.

The evidence clearly substantiates what Bloom (1964) and others postulated: that intervention during this early period of rapid development will more likely enhance the handicapped child's development than if delayed until the child is 5 or 6 years old. In fact, postponing intervention may result in the development of secondary handicapping conditions, such as emotional disturbance (Garland, Stone, Swanson, & Woodruff, 1981).

Value to Families

Persons involved with delivering services to very young children have begun to document the value of early intervention, not only to the child, but to the whole family. The presence of a handicapped child often creates additional stress both for parents and siblings (Hayden & Haring, 1979). Many reports have shown that American families with handicapped children often experience social isolation, economic insecurity, loss of extended family patterns, and disintegration of marriage (Keniston & Carnegie Council on Children, 1967). Further, premature or sick infants suffer an overrepresentative proportion of child abuse (Elmer & Craig, 1967).

Data gathered from preschool programs cite benefits to parents such as more positive attitudes about themselves and their child (Lillie, 1975), improved information and skill acquisition, and more release time that can be used for employment (Garland et al., 1981). As programs have evolved, the benefits for parents and siblings have taken a major position of importance.

Social Benefits

As indicated earlier, providing early services has both short- and long-term benefits. The short-term effects include a higher level of acceptance of the handicap by families, friends, and relatives when they see that the child can learn and develop skills previously not thought possible (Hess, Block, Costello, Knowles, & Largary, 1971).

Long-term social benefits may be the most important and pragmatic aspects for policy makers to consider. Because early childhood intervention is a relatively new area of investigation, however, there is little data on long-term effects. Skeels (1942) instituted one of the earliest longitudinal studies. He found that institutionalized children who received maternal-like attention during their early years evidenced positive developmental gains many years later that were distinguishable from a matched control group. Early intervention has been shown to decrease the likelihood of delinquent behavior later in life (Schweinhart & Weikart, 1981). The evidence that early intervention increases the possibility of later academic gains and decreases the need for special education placement and grade retention provides the basis for the hypothesis that the earlier the intervention, (a) the less likely the child or adult will have to be institutionalized or be dependent upon costly specialized services, and (b) the more likely the individual will be able to acquire vocational and community living skills.

Economic Benefits

From an analysis of the cost figures reported to the U.S. Office of Special Education by projects of the Handicapped Children's Early Education Program (HCEEP), a federal grant program funded under P.L. 91-230, the average annual per-pupil expenditure for these early intervention projects appears to be approximately $2,000 to $2,500, with the actual cost ranging from $1,080 to $4,822 (Swan, 1980a). This compares with a fiscal year 1980 national average annual per-pupil expenditure by public schools of $2,060. Similarly, the Texas consortium projects reported that per-pupil costs ranged from $2,124 to $3,048. Median cost for seven other early intervention projects that served the moderately to severely handicapped child located in various parts of the country was $1,995 per child (Garland et al., 1981).

Program variables that contribute to the wide variation in per-pupil costs reported in the literature include:

- Available funds.
- The fiscal year of service as it relates to inflation.
- Ages and severity of handicapping conditions of the children served.
- First year start-up costs versus continuation funding.
- Demonstration and dissemination project costs (e.g., HCEEP) versus direct service costs.
- Provision of educational services or other single services versus comprehensiveness.
- Use of parent and volunteer time.
- Length of service period (whether 9, 10, or 12 months).

While early intervention projects may be as costly as average public school expenditures, thus adding several years to current school expenditures, efforts to improve the skills of handicapped persons are certainly worth the investment in that (a) the need for costly institutionalization is minimized, and (b) the opportunity for gainful employment and the resultant financial return to society is increased (Conley, 1973). Through a sophisticated cost/benefit analysis, Weber, Foster, and Weikart (1978) calculated that the long-term benefits of the Ypsilanti Perry Preschool Project outweighed the costs by 236%. In 1979 dollars, the percentage increases to 248%. The cost of two years of the preschool program in 1979 dollars was $5,984. The economic benefit was $14,819 and is calculated as follows:

> <u>Savings from lowered cost of education</u>. $3,353 per child on the average was saved because fewer children who attended preschool required special education services.
>
> <u>Benefits from increase in projected earnings</u>. $10,798 increase per child lifetime earnings were projected for each child on the basis of projected educational level, age, race, and sex. These descriptions were converted to projected lifetime earnings determined from survey data, especially the 1970 U.S. Census.

Value of mothers' time released when the child attended preschool. $668 per child based on an average wage for the homemaker in 1979 dollars of $3.54. (Hill & Stafford, 1974) (Cited in Schweinhart & Weikart, 1980, p. 36)

It is projected that preschool programs save from $9,000 to $10,000 per child in education costs to age 18 (Garland et al., 1981). Schweinhart and Weikart's (1980) longitudinal study of 15-year-olds who participated in the Ypsilanti Perry Preschool Project showed these children to be more committed to schooling and doing better academically than children who did not attend preschool. The students scored higher on reading, arithmetic, and language achievement tests at all grade levels; had a 50% reduction in the need for special education services through the end of high school; and showed less antisocial or delinquent behavior outside of school. The study found that when schools invest about $3,000 for one year of preschool for a child, they immediately begin to recover their investment through savings in special education services.

Garland et al. (1981) calculated the cost of providing special education intervention at various age levels. The total cost per child to age 18 for four entry ages was:

- Intervention at birth: $37,273.
- Intervention at age 2: $37,600.
- Intervention at age 6: $46,816.
- Intervention at age 6 with no eventual movement to regular education: $53,340.

Thus, the cumulative cost is actually less the earlier the intervention begins.

It should be noted that the cost/benefit data reported above relates to services to mildly and moderately to severely handicapped children. The benefit of providing early programs to the profoundly handicapped population may require a different analysis that does not include academic gains or employment rate.

CHARACTERISTICS OF EARLY CHILDHOOD SPECIAL EDUCATION PROGRAMS

A variety of intervention programs have been funded and validated as effective by the federal government. Some programs are designed for infants, others for toddlers and older preschoolers. Some programs focus directly on teaching children, whereas others train parents to teach their children. Some programs deliver services in the home, others require children to come to a center. The programs also differ with respect to their target population—specific handicapping conditions versus a cross-categorical approach.

Services also vary depending on the population and scope of the program. Infant stimulation for profoundly handicapped babies may include stroking the skin, turning and positioning the infant, and talking to and holding the baby. An early intervention program for moderately handicapped four- and five-year-olds may include speech and language therapy, physical therapy, preacademic readiness lessons, and group play. Activities may be provided directly by a professional or by a parent who has received training. Regardless of the mode of service delivery, the importance of including parents and other family members in the programming and the services is well established.

Research has failed to prove any one method or curriculum as more beneficial than others for preschool-age handicapped children. However, Moore, Frederick, and Baldwin (1981) found four particular classroom variables that accounted for the majority of the developmental gains: (a) maximum instructional time, both individual and group; (b) appropriate use of instructional cues and consequences; and (c) the frequent collection and updating of instructional data.

The array of services available to the child range from single disciplinary to multidisciplinary and/or comprehensive services. INTERACT, the National Committee for Services to Very Young Children with Special Needs and Their Families, advocates a system of comprehensive services, particularly for the birth-to-3 age group. Such a comprehensive program encompasses four areas: early identification, effective health care and educational practices, ongoing research and evaluation, and administration. The health and educational services include audiological, speech and language, neurodevelopmental, physical therapy, nutrition, psychological, social work, and other medical or dental services (Garland et al., 1981). Bristol and Bartel (1981) prescribe similar components: multidisciplinary assessment; coordination or integration of services to include at least two of the three areas of health, education, and social services; individual treatment plans; consumer involvement in planning; and evidence of program effectiveness.

FEDERAL EARLY CHILDHOOD SPECIAL EDUCATION POLICY

There are a number of federal programs that provide direct assistance to states and localities that wish to serve the preschool-age handicapped population. There is no federal policy, however, that assures comprehensive developmental services to all preschool handicapped children or their families.

Programs such as the Handicapped Children's Early Education Program (HCEEP) provide "seed" or start-up money to local projects with the intent that the local or state public sector will maintain the program after the federal grant period ends. HCEEP has been extremely successful—86% of the original 21 demonstration projects over the past 10 years have been continued by state or local resources (Swan, 1980b).

Other federal programs that provide assistance to preschool-age handicapped children include Head Start, which is mandated to make 10% of its total enrollment available to handicapped children, and the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program for medicaid-eligible children, which is a part of the Social Security Administration. Programs such as Crippled Children's Services under the Maternal and Child Health Program have recently been combined into a block grant for the states. Programs under block grant funding are intended to continue serving the original target populations; however, states are free to select their own priorities and levels of support. Some states (e.g., Wisconsin and Vermont) are using Title I of the Elementary and Secondary Education Act (ESEA) (currently Chapter I of the Education Consolidation and Improvement Act of 1981) state-operated and state-supported program funds (i.e., P.L. 89-313) to deliver early intervention services. The Developmental Disabilities Act of 1978 (P.L. 95-602) also provides for early childhood programs. The Indian Education Act (P.L. 92-318) provides assistance for services targeted at the very young Indian handicapped child in public or tribally operated schools. Finally, the State Implementation Grant (SIG) program, authorized under the Handicapped Children's Early Education Program (HCEEP), supplies funds to the state education agencies for various administrative activities such as statewide planning and child find.

P.L. 94-142 and Section 504

Other federal policies which provide limited assurances are The Education for All Handicapped Children Act (P.L. 94-142) and Section 504 of the Rehabilitation Act of 1973 (P.L. 93-112). Although there is no federal mandate to assure handicapped children of preschool age comprehensive developmental services, according to the governing regulations for P.L. 94-142 all states receiving funds under the Act must, at a minimum, assure that they:

- Have a goal of providing such services to all handicapped children birth through age 21 (§300.123).
- Have child-find procedures for locating all handicapped children birth through age 21 (§300.142, 128).

However, as stated in the P.L. 94-142 regulations, a participating state is required to provide preschool experiences only if their own policies provide such a mandate:

> §300.122. Timelines and ages for free appropriate public education. (a) General. Each annual program plan must include in detail the policies and procedures which the State will undertake or has undertaken in order to insure that a free appropriate public education is available for all handicapped children aged three through eighteen within the State not later than September 1, 1980.

> (c) Exception. The requirement in paragraph (a) of this section does not apply to a State with respect to handicapped children aged three, four, five, eighteen, nineteen, twenty, or twenty-one to the extent that the requirement would be inconsistent with State law or practice, or the order of any court, respecting public education for one or more of those age groups in the State. (See also §300.300.)

Further, in addition to funds under the larger state grant program, P.L. 94-142 provides through its Preschool Incentive Grant Program a per-child allotment for each 3-, 4-, and 5-year-old handicapped child served. However, this program is voluntary, and the state must apply for it. Thus, P.L. 94-142 provides an assurance of appropriate services only to those children who live in states that have their own mandate or who are voluntarily providing services under the preschool incentive program.

A federal policy aligned with the permissive nature of the P.L. 94-142 preschool provisions is Section 504, which prohibits discrimination on the basis of handicap in federally assisted programs. Thus, preschool programs for the nonhandicapped that are federally assisted must also be made available to "otherwise qualified" handicapped children. However, this provision gives an assurance of services to only a small number of handicapped preschoolers, since few such programs are available to the nonhandicapped preschool population.

STATE EARLY CHILDHOOD SPECIAL EDUCATION POLICY

States that have instituted policies for early childhood special education have done so primarily through two methods of change: (1) by simply lowering the school age for the handicapped and with it all governing rules and regulations, or (2) by establishing a new authority with rules and regulations specific to the preschool-age handicapped population.

Barresi, Bunte, and Mack (1980) recently compiled all state education policies as they relate to ages of eligibility for special education and related services:

- Forty-six states were found to have provisions for the education of exceptional children below the age of 6.
- Twenty-one states mandate in at least one policy document that services are to be provided to some portion of the birth-through-5 population.
- Sixteen states specified that services are permissive or may be provided if the locality so chooses.
- Nine states have conflicting policies.
- Eight states—Hawaii, Iowa, Kentucky, Maryland, Michigan, Nebraska, South Dakota, and Vermont—appear to authorize services from birth, depending upon interpretation of policy language (e.g., "under 20").

- Five states have no preschool provisions.

Since 1980, at least four states have changed their laws to include younger handicapped children. Texas lowered the age of eligibility for services to birth; New Jersey, to age 3 and to birth if funding permits; Delaware, to age 3; and California now requires provision to preschool-age handicapped children of those services that were available in 1981 (others begun since 1981 are voluntary).

Policy Development

Through analysis of the literature and of current policies and/or position statements from organizations and government agencies, five major factors were found to influence the development of public policy governing the provision of services to very young handicapped children and their families:

1. Defining the population to be served.

2. Delineating the scope of the services to be provided.

3. Designating the service provider.

4. Determining whether the policy is to be mandatory or voluntary.

5. Identifying availability of funding and resources.

These five factors influence policy scope as well as financial and political feasibility. They can be placed somewhere along a cost and effectiveness continuum which includes many policy options, each with its pros and cons. Following is a discussion of each of the five factors, along with several policy options. (For a more thorough treatment of the options, see Smith, 1980).

It should be noted that development of public policy for preschool-age handicapped children has been impeded by a reluctance to extend the rights and protections of P.L. 94-142 to include this population. In testimonies to Congress, school officials have indicated they were having difficulty meeting the P.L. 94-142 mandates for the school-age population. It is therefore imperative that all options be carefully examined in order to avoid increased administrative and fiscal burdens.

Defining the Population

The population to benefit from the public policy must be specified in order to assure its identification and access to services and to prevent diluting services by extending them to unintended populations. Dimensions of the preschool-age handicapped population that need to be specified through policy are (a) the children to be served; and (b) the age at which children will be eligible to receive services.

Definitions. The definitions employed by states to identify children who need special services vary widely. Essentially, two approaches are used—a categorical approach and a noncategorical approach. The categorical approach labels children according to terms that relate to etiology, prognosis, or medical terminology (e.g., mental retardation, cerebral palsy, etc.). The noncategorical approach defines children based on educational classification or services to be provided (e.g., in need of speech therapy, special education, etc.).

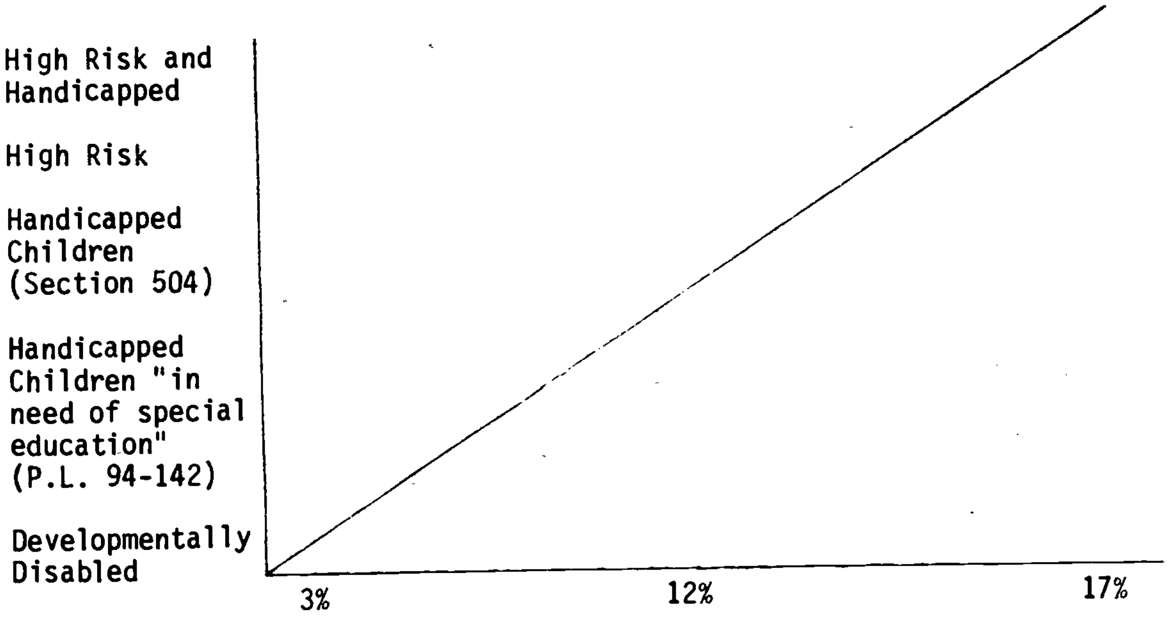
At the present time, funding is most frequently made available to states and districts through a categorical approach. Procedures to tie such aid to programs or services rather than to children—the noncategorical approach—do, however, exist. The noncategorical approach is used by Vermont, Massachusetts, North Carolina, and, most recently, by Washington state. After field tests comparing a developmentally handicapped definition for preschool children with a categorical definition approach, Washington found no significant increase in the eligible population.

In addition to defining handicapping conditions or services to be delivered, a possible group to be considered for inclusion in the population to be served is those children who display a potential handicap rather than an actual one. Many infants and young children are in "high-risk" situations or are found to be "at risk" of developing a handicapping condition. This terminology and classification is found throughout the literature pertaining to certain preventive and remedial program and research efforts. "High-risk" or "at-risk" situations range from prenatal physiological and/or environmental factors, such as age and health of mother, genetic history, availability of adequate nutritional and medical resources, to postnatal factors, which include the previous factors as well as the health of the newborn infant and ability of the mother and family to provide adequate care and protection.

Much of the research on the effects of early intervention has related to the "high-risk" group. The data of several projects were recently compiled and show that early intervention programs can prevent later development of handicapping conditions or significantly lessen the effects of "high-risk" factors (Lazar, 1979). In addition, this population may require fewer costly and specialized services than the seriously handicapped. Hence, the services to the "at-risk" group of children may be the most cost effective.

Decisions related to defining the population effect and are affected by the numbers of children to be served as well as the type of services to be delivered. In essence, the more restrictive the definition of children to be served, the smaller the population to be served, and the more severe the handicapping condition, the more comprehensive the services may need to be. For instance, if the federal Developmental Disabilities (DD) definition is used, which is "functional," i.e., includes only handicapping conditions which impede life activities, then the population to be served may only be 3% of the total population. However, if a definition is used that includes not only all handicapping conditions, but also those children whose medical or environmental factors may indicate a high-risk situation or who may be exhibiting signs of a possible handicap, the percentage may be as high as 17%. Thus, a population included in a DD definition may be less expensive to serve because of its small size, but fewer children will be served, and those children excluded by the more narrow definition may later require more costly services to remediate their condition. Each option has its own cost/benefit implications, as indicated in Figure 1.

FIGURE 1. The Relationship Between Categorical Definition and Potential Number of Children Served



Ages of Eligibility. The second dimension of specifying the early childhood special education population is the age at which the young child is eligible to receive services. As previously noted, P.L. 94-142 assures services from age 6 unless a state policy makes such services available for younger children. The preschool incentive grant program provides a special allotment for the 3- through 5-year-old group, and states are encouraged to serve the birth through 3 group through P.L. 94-142 provisions such as the requirement to locate and identify all handicapped children from birth through age 21.

Twenty-one states presently mandate special education and related services to children below the age of 5. Eight states have at least one policy that appears to authorize services from birth. Some state policies, rather than designating an age for eligibility criteria, establish a need criteria. For example, Maryland's statute stipulates eligibility "as soon as the child can benefit."

Examples of the policy options related to defining the population to be covered by a policy are:

Policy: Children defined by the Developmental Disabilities Act.
Pro: Fewer children served; less costly.
Con: Fewer children benefit; more costs in the future; some children will have to be turned away.

Policy: Children ages 3 through 5 years are eligible.
Pro: Fewer children served; less costly; some conditions are more easily identified than at the lower ages.
Con: Research has shown that, the earlier the intervention, the more effective; thus, three years are wasted.

Delineating the Scope of Services

One policy decision that must be made when planning early intervention programs is whether to simply extend a current school-age mandate downward or to provide new provisions tailored to the needs of the very young child and his or her family. Policy options need to be analyzed for possible effects of (a) extending current special education and related services provisions for free appropriate public education (FAPE) as defined by P.L. 94-142; (b) maintaining P.L. 94-142 provisions, but expanding the allowable related services (FAPE +) to meet the special needs of the young child and his or her family; or (c) developing a new policy which may or may not include the provisions of P.L. 94-142, but which is "comprehensive." As with all the policy areas, these options are not mutually exclusive or discrete, but rather elements of each could be combined to create further options.

FAPE and FAPE +. Another decision that must be made by policy makers contemplating providing special education and related services to very young children and their families is the scope or comprehensiveness of such services. P.L. 94-142 regulations as well as most state policies define special education and related services as:

> (a)(1) As used in this part, the term "special education" means specially designed instruction, at no cost to the parent, to meet the unique needs of a handicapped child, including classroom instruction, instruction in physical education, home instruction, and instruction in hospitals and institutions (§121a.14).
>
> (a) As used in this part, the term "related services" means transportation and such developmental, corrective and other supportive services as are required to assist a handicapped child to benefit from special education, and includes speech

> pathology and audiology, psychological services, physical and occupational therapy, recreation, early identification and assessment of disabilities in children, counseling services, and medical services for diagnostic or evaluation purposes. The term also includes school health services, social work services in schools and parent counseling and training (§300.13).

Thus, "related services" are integrally tied to the provision of special education.

Considerations with regard to adopting these definitions for the preschool-aged handicapped infant or child are:

- Determination of what constitutes "special education" for the very young child, which not only determines the special education services, but, if this two-step definition is adopted, also related services.
- Determination of whether the existing list of related services is appropriate for the younger population or should be modified or expanded.

The following provisions are considered essential for a free appropriate public education (FAPE), as defined by the P.L. 94-142 regulations:

> As used in this part, the term "free appropriate public education" means special education and related services which: (a) are provided at public expense, under public supervision and direction, and without charge; (b) meet the standards of the State educational agency, including the requirements of this part; (c) include preschool, elementary school or secondary school education in the State involved; and (d) are provided in conformity with an individualized education program which meets the requirements under §§121a.340-121a.349 of Subpart C. (121a.4).

The consideration to broaden the available services, i.e., adding medical and family services but maintaining all other P.L. 94-142 provisions, could be considered as "FAPE +." INTERACT, The National Committee for Very Young Children with Special Needs and Their Families, and the Division for Early Childhood of The Council for Exceptional Children have advanced the position that very young children and their families require services that go beyond the P.L. 94-142 definition of special education and related services. Particularly at issue are medical and developmental services and programs, and services often needed by parents and families who, upon discovering the fact that the child is handicapped, may experience personal and financial stress. P.L. 94-142 includes medical services, but only those used for evaluative and diagnostic purposes, and does not authorize family services. However, it is the position of these groups that when a handicapping condition is recognized at an early age it is usually of significant severity to require medical attention. Also, particularly in the case of the birth-through-3 age group or for any child whose handicapping condition is a result of trauma, illness, or environmental factors, medical or other health services may help to prevent or remediate the problem.

Comprehensive Services. Another consideration is whether to devise a scope of handicap and services that does not link services to "educational needs" and P.L. 94-142 rights, but would authorize any service needed by the child and family. This option is termed "comprehensive" for purposes of this report, and includes educational, medical, allied health and social services, but may delete or adapt certain rights and protections of P.L. 94-142, such as the provision of individualized education programs (IEP's), due process hearings, and least restrictive environment settings.

"Comprehensive +" signifies a policy that provides all services required by any eligible child and family and also includes all the rights and procedural safeguards of P.L. 94-142. This policy would not extend P.L. 94-142 administratively; rather, it would be a new authority for preschool services.

Examples of policy options for the scope of services include:

Policy: Current law will be extended to serve preschool populations with no changes (FAPE).
Pro: No adjustments are needed in services or systems currently employed.
Con: Some children and their families will not be provided certain services they need.

Policy: All needed services identified by the diagnostic team will be provided and all the rights and protections of current law will be assured (Comprehensive +).
Pro: All children and families will be able to access all services needed to lessen, remediate, or prevent a handicapping condition, thus facilitating the greatest effectiveness.
Con: The costs involved in assuring all services and protections are increased.

Designating the Service Provider

P.L. 94-142 instituted a "sole state agency" provision which placed the responsibility for the education of handicapped children and youth with the State Education Agency (SEA). The legislative history of this provision documents the problem of children "falling through the cracks" between agencies, either because no clear understanding existed of who was responsible or because there was a desire to share the "burden." All too often the end result was that nobody assumed the responsibility. The P.L. 94-142 regulations clarify that this requirement does not mandate the SEA to provide or pay for the services, but rather to assure the provision of the services (§300.301).

Some program providers, as well as some members of Congress, have questioned whether it is really appropriate for SEA's to hold the primary responsibility for children under 6 years of age. Gallagher (1979) asserts that one of the difficulties in moving policy ahead at the state level is the dispute between the SEA's and other state human services providers concerning the most appropriate supervisory agency. Under Gallagher's proposal the responsibility would be divided, with the birth-to-3 age group assigned to the human services agency, and the 3-through-5 age group to the SEA. The rationale for this approach is that many services required by the handicapped child from birth to age 3, including screening, diagnosis, health care, and social services, are already provided by human resources agencies. By age 3 it is time to shift to the agency where the child will be spending the next decade or more of their life—the school.

Currently, the major service providers are the education agencies, human services agencies such as Mental Health/Mental Retardation and Social Services, local agencies including Head Start, and the private sector. According to the U.S. Office of Special Education, 86% of the original 21 handicapped early childhood demonstration projects started with federal grants have been continued using state or local funds. Most of these projects have been continued by more than one agency, most often the public schools (Swan, 1980b).

A recent national survey addressing the question of agency responsibility for early intervention services for the birth-to-3 age group was conducted by Behr and Gallagher (1981). Questionnaires were mailed to State Directors of Special Education, State Directors of Mental Retardation, Early Childhood Consultants, State Implementation Grant (HCEEP) Coordinators, advocacy and consumer groups, and service providers within each state, territory, and the District of Columbia. Recipients were asked to rank-order by preference the following strategies:

- SEA responsibility as well as provider through a downward extension of P.L. 94-142.
- SEA responsibility through a downward extension of P.L. 94-142, but with schools coordinating and contracting with other service providers.
- Expansion of the Handicapped Children's Early Education Program (HCEEP).
- Expansion of Head Start.
- Local option to serve.
- Creation of a new agency and authority.

Of the 200 questionnaires mailed, 115 replies were received. The majority of respondents preferred that the public school have responsibility and be provider or coordinator and broker of services through an extention of P.L. 94-142. Rationale for the choices include:

- "P.L. 94-142 provides a full-service goal to all handicapped children, 0-21. Services for handicapped children, 0-3, are in the broadest sense educational."
- "Programs could be coordinated and more effectively and efficiently administered under the auspices of one public system."
- "Historically, the public schools have been the only longitudinal publicly funded delivery system for handicapped children, and should remain as such."
- "Schools should not necessarily have to pay for services, but should be coordinating with other public and/or private agencies in order to avoid duplication of services. The SEA's and LEA's should plan and. contract with other agencies for needed services. P.L. 94-142 assures protection of rights while leaving schools free to provide services through agencies that have the necessary expertise."

In addition to the public agency issue is the question of the role of the private sector. In many areas of the country, the only program available to the under-school-age child has historically been the small program in the basement of a church, administered by a private club or organization. Local civic groups such as the Association for Retarded Citizens (ARC), United Cerebral Palsy, the Shriners and others have stepped in where the state was reluctant to go. In addition to day programs, the private sector has supplied many of the residential programs for all ages of the handicapped population. The private sector is regarded as more politically able to advocate for the needs of families and children. Consequently, where these programs currently exist, the related issues include: What will be their role when a public policy is developed? Will families have free choice? Will services be duplicated?

Examples of policy options for designation of responsibility include:

<u>Policy</u>: The State Education Agency (SEA) will have the responsibility to ensure the provision of services.

Pro: Child find is easier because of current requirements and the availability of public schools in all communities. Program consistency from birth to graduation.

Con: Not all public schools currently have qualified personnel for the needs of these age groups; many school officials would feel overburdened; some of the needed services are considered the responsibility of other agencies.

Policy: Human Services Agency responsibility for the birth-to-3 age group and SEA responsibility from age 3 upward.

Pro: Perhaps if responsibility were shared, states would be less reluctant to pass an early childhood policy; often the services needed by the birth-to-3 age group are considered more "medical" than "educational."

Con: Could result in the duplication of services and personnel; a dual system may be confusing to parents.

Mandatory or Voluntary Services

During the development of P.L. 94-142, Congress amended the original versions of the preschool provisions to make them voluntary or permissive rather than mandatory in nature. At the same time the efficacy of early intervention was acknowledged in the governing regulations of P.L. 94-142:

> Part 300m—Incentive Grants. Part 121m sets forth the conditions under which States may receive grants to assist in the education of handicapped children aged three through five. Congress established incentive grants in the recognition that when education begins at the earlier stages of development (1) benefits are maximized, (2) additional or more severe handicaps may be prevented, and (3) greater long-term cost effectiveness is realized.

In addition to the per-pupil allotment under the larger state grant program, the preschool incentive program authorizes payment of $300 per child. While providing an incentive for preschool programming, Congress also provided a "back door" for states not committed to preschool programs—the requirement to serve the early childhood population is mandated unless it would be inconsistent with state law or practice, or the order of any court...." (§300.122(c)). This combination of conditions means that a federal mandate is in force only if there is an accompanying state mandate.

The value of a voluntary policy may be more political than substantive. In other words, a voluntary policy may be instituted, not solely on its own merits, but as a prelude to a more mandatory policy. Advocates for early intervention have expressed the hope that the P.L. 94-142 preschool incentive program will move in this direction (Cohen, Semmes, & Guralnick, 1979). In addition to the nature of the policy, a further decision must be made as to how to make such a policy change, whether through a downward extension of existing legislative authority or a creation of a new authority for the preschool-age population.

The policy options include full mandate, conditional mandate, phase-in mandate, and permissive/incentive. Any of these options may contain various legislative requirements as well. For example, a permissive law may also designate a single state agency to coordinate all existing services and/or initiate state-wide planning.

Examples of policy options relating to the mandatory or voluntary nature of services are:

Policy: Local agencies must serve all young handicapped children (full mandate).
Pro: All children are assured the availability of services, thus facilitating the greatest benefit.
Con: A full mandate is the most costly of the options.

Policy: Those local agencies choosing to serve young handicapped children will receive an additional appropriation of funds (permissive).
Pro: Some children will receive services; perhaps localities will be able to slowly gear up to full service.
Con: All young children are not assured needed services; the incentive must be large enough to actually be an incentive.

Funding and Resource Availability

Because the architects of P.L. 94-142 recognized the expense of assuring services to all handicapped children, they provided mechanisms that allow for the sharing of available resources. These provisions include interagency arrangements for the cooperative delivery of services. Such interagency agreements have helped to prevent duplication of programs and services and have facilitated the use of currently available services and expertise. Also, while requiring that special education and related services be provided at no cost to parents, P.L. 94-142 allows for cost sharing and third-party payments. P.L. 94-142 regulations (§121a.301(a)(b)) require that:

> (a) Each State may use whatever State, local, Federal, and private sources of support are available in the State to meet the requirements of this part. For example, when it is necessary to place a handicapped child in a residential facility, a State could use joint agreements between the agencies involved for sharing the cost of that placement.
>
> (b) Nothing in this part relieves an insurer or similar third party from an otherwise valid obligation to provide or to pay for services provided to a handicapped child.

While fiscal implications have been addressed in all the policy areas, the following are specific examples of funding options:

Policy: Services will be provided at no cost to parents.
Pro: All families will be able to access needed services.
Con: The cost is great but can be shared among agencies.

Policy: Services will be provided on a sliding scale based on family income.
Pro: Less costly and yet all families may access all available services.
Con: Could result in a dual or parallel system of service delivery—one for those paying and one for those not paying (similar to publicly assisted medical clinics in hospitals).

CONCLUDING REMARKS

Early intervention for the very young handicapped child and his or her family has been the subject of the attention of researchers and policy makers for the past two decades. Congress and state policy makers have systematically approached this area of need with unusual care and forethought. Research supports what advocates believe: It is now time to legislate developmentally appropriate services to handicapped children and their families at the earliest possible time.

In a recent report of a state-wide analysis of preschool opportunities for the very young exceptional child in Massachusetts, Meisels, Berkeley, and Godfredsen (1980) summarized the state of the art as follows:

> Evidence . . . suggests that early intervention service providers and state agency personnel responsible for early intervention are forced to operate in an atmosphere beset by a fragmented policy, by a dearth of overall leadership, and by a lack of awareness by legislators and high level agency officials of the importance of the first three years of life. Responsibility for early intervention is spread among too many agencies in too many different ways with too little administrative, policy, and fiscal direction. (p. iv)

Meisels et al. make the following recommendations:

- A lead agency should be established to coordinate services and develop a coordinated public awareness campaign.
- The state should develop standardized data collection and grant application techniques and due process safeguards.
- A full-scale financial analysis should be conducted to determine the actual cost and optimal delivery of services.
- The state should enact mandatory early intervention legislation, granting universal access to services.

Political developments inevitably have both intended and unintended consequences. Intended consequences of policy decisions are often well thought out and planned for; however, all too often other consequences result which were unforeseen. The Family Impact Seminar of George Washington University in Washington, D.C., has in recent years emphasized the need for policy makers to analyze all possible consequences to the family of their decisions before taking action. Such an analysis might be implemented using those options discussed in this report.

In addition to studying policy options related to early childhood services for handicapped children, perhaps it is time to examine the issue of programs and services for nonhandicapped preschool children as well. There are many advocates for provision of early childhood services to all children and families. It is important to evaluate the possible consequences of developing public policy assurances only for handicapped young children such as resentment from the nonhandicapped community which might be encountered, or the possibility that such policies could result in programs which segregate handicapped children from their nonhandicapped peers.

Considerations such as these must be weighed against the obvious financial and political consequences of attempting to develop early childhood policies for all children. It may be most practical to implement policies for the handicapped with the intention of phasing in a broader policy at a later time. History has shown that the benefits of instituting policies for the handicapped have often spilled over to the benefit of all children.

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