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Birth to Three Effectiveness

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Educational Studies 400: Senior Research Project

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Birth to Three Effectiveness

Research Question:

Is the Birth to Three Program in Hartford effective at meeting the needs of low income children with developmental delays?

Significance:

Birth to age three is one of the most crucial times for development in every individual's life. Although children develop at their own pace, there are certain developmental milestones that all children should experience during these formidable years. For example, by one to two months, children should be able to suck and swallow, be startled by loud noises, and be able to pay attention to faces near by, and by three to four months, they should be able to hold their heads up. By nine to twelve months, they should be able to pick up small objects, pick up small objects, and wave, and by eighteen to twenty four months, they should be able to carry objects while walking, use two to three word sentences, give hugs and kisses, and follow simple directions. These developmental milestones are prevalent at every group of several months. If there is any delay at these times of development, a child may be at risk of having developmental and educational delays throughout his or her entire life.

Second, in 1998, the Centers for Disease Control and Prevention, "...estimate[d] that over 300,000 individuals under 21 years of age in the United States [were] so poorly developed cognitively as to have mental retardation...that might have been prevented through early and continuing intervention"(Ramey 112).

So, early intervention programs, like Birth to Three, are important in that they attempt to attack these delays, and hopefully teach the children and their families how to deal with them.

Lastly, the need of early intervention programs is substantial. Between the fiscal years of 1997 and 2003, there was an enrollment increase at Birth to Three from 5,303 in 1997 to 9,403 in 2003, or a 77% increase.

Background:

The Individuals with Disabilities Act (IDEA) of 2000 has a few main objectives. The first is "...to ensure that all children with disabilities have available to them a free appropriate public education..."(IDEA, 2000). Next, IDEA seeks to protect the rights of disabled children and their families, to assist States, localities, educational service agencies, and Federal agencies in providing this form of education, and to assist in the implementation of such programs. Lastly, it seeks to ensure that educators and caregivers have the tools to improve educational results, and to assess the efforts made to educate children with disabilities (IDEA, 2000).¹

Part C of the IDEA is specific to infants and toddlers, and makes early intervention programs optional for each state. Currently, all fifty states have opted to implement early intervention programs. The purpose of Part C is to:

- (a) Maintain and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system of early intervention services for infants and toddlers with disabilities and their families;
- (b) Facilitate the coordination of payment for early intervention Services from Federal, State, local, and private sources (including public and private insurance coverage);
- (c) Enhance the

¹ http://www.birth23.org/Laws%20and%20Regulations/idea_statute_full.pdf

States' capacity to provide quality early intervention services and expand and improve existing early intervention services being provided to infants and toddlers with disabilities and their families; and (d) Enhance the capacity of State and local agencies and service providers to identify, evaluate, and meet the needs of historically underrepresented populations, particularly minority, low-income, inner-city, and rural populations (IDEA Part C, 2000).

Birth to Three was created and is maintained by this section of the IDEA. Meaning that it is a state funded early intervention program, and its policies, including eligibility, cost, etc are guided by it. The mission of the Birth to Three System, "...is to strengthen the capacity of families to meet the developmental and health-related needs of their infants and toddlers who have delays or disabilities"(Birth to Three Brochure).

To be eligible for Birth to Three services, children must be under the age of three and live in Connecticut. The child must experience a significant developmental delay, or have a diagnosed physical or mental condition with a high probability of resulting in a developmental delay. Standardized instruments are used to evaluate children on five areas of development, which are: cognitive development, physical development, including vision, hearing, motor, and health, communication development, social or emotional development, and adaptive skills development (known as self-help or daily living skills). A child is considered eligible if they show a developmental delay of two standard deviations below the mean in one area of development, or one and one half standard deviations below the mean in two areas.²

² www.birth23.org

Before the year 2003, all Birth to Three services were free. However, after the 77% enrollment increase that occurred between the fiscal years of 1997 and 2003, the state of Connecticut could no longer afford funding. So, it suggested that Birth to Three should be stopped, or start charging for services. The costs for services are as follows:

Federal Adjusted Gross Annual Family Income	Monthly Participation With authorization for insurance billing or child not covered by any health insurance	Without authorization for insurance billing
Less than 45,000	\$ 0	\$ 0
45,000-55,000	\$ 25	\$ 50
55,001-65,000	\$ 35	\$ 70
65,001-75,000	\$ 45	\$ 90
75,001-85,000	\$ 55	\$ 110
85,001-95,000	\$ 65	\$ 130
95,001-105,000	\$ 75	\$ 150
105,001-125,000	\$ 95	\$ 190
125,001-150,000	\$ 120	\$ 240
150,001-175,000	\$ 145	\$ 290
175,001-200,000 and more	\$ 170	\$ 340

It is important to note that children who come from families with an adjusted gross annual family income of less than 45,000 dollars, which constitutes 30% of all children, and those children who qualify for Medicaid, which constitutes 40%, are not charged.

Thesis:

Birth to Three is an effective early intervention program for children with special needs from low income families. However, due to cost changes, volume of special needs children, and a lack of transition, many children are being overlooked.

Methodology:

The research included qualitative data from both primary and secondary sources. To find my primary sources, I consulted Dr. Mark Brown who gave me few names to contact. Before I could interview anyone, I had to obtain IRB approval, and both of my interviewees had to sign informed consent forms. My first interview was with the Director of the Birth to Three program in Hartford, Connecticut. My second interview was with a representative from the Children Trust Fund with United Way for Help Me Grow, which is another intervention program. Both of my interviewees were asked qualitative questions, which required their opinions, as well as, their knowledge of early intervention programs and, the needs of young children and their parents in Hartford.

Questions for my first interview with the director of Birth to Three included:

- 1) How does the Birth to Three Program work?
- 2) How are families chosen to be a part of the Birth to Three Program?
- 3) How is information about Birth to Three advertised for families in Hartford?
- 4) Does Birth to Three do a follow-up with its participants after they have turned four? Why or why not?
- 5) Does Birth to Three ask participants about their satisfaction with the program? If so, what have been the results?
- 6) How many families in Hartford participate in the Birth to Three Program?
- 7) What is the cost of being a part of the Birth to Three Program? Is it different from family to family?
- 8) Does Birth to Three give any money to its participants?
- 9) Why do you think Birth to Three is a successful program? What does it offer that other early interventions programs do not?

Questions for my second interview with a Help Me Grow representative included:

- 1) What has the Hartford done to meet the needs of low-income families with children with disabilities?
- 2) What kinds of programs have been implemented to help low-income children with disabilities be mainstreamed in regards to education?
- 3) Do you feel that the Birth to Three Program is effective at easing the transition into mainstream schools for children with disabilities? Why or why not?

- 4) Does Help Me Grow receive funding from the city of Hartford to successfully implement early intervention programs? If so, do you think it is sufficient?
 - 5) What sort of funding, if any, does the Help Me Grow office give to early intervention programs, or low-income families?
 - 6) Do you feel that early intervention programs are, or should be a top concern for the city of Hartford? Why or why not?
 - 7) Are there any changes that you feel the city of Hartford should make in regard to early intervention programs? Explain.
 - 8) What do you think every early intervention program should include? Explain.
- Note: Many of my questions were modified by the answers given by the interviewees.

My second primary source interview was a representative from the Children Trust Fund with the United Way for Help me Grow. My secondary sources included the Birth to Three website and academic journals.

Interpretation and Analysis:

Craig T. and Sharon Landesman Ramey (1998) and Wasik, Ramey, Bryant, and Sparling (1990) researched early intervention programs for children of poverty with developmental disabilities. Ramey et al. offered six principles that successful programs should include, and Wasik et al. conducted a longitudinal study of two early intervention strategies. Ramey et al.’s principles were:

Principle	Name
1	Principle of developmental timing.
2	Principle of program Intensity
3	Principle of direct (vs. intermediary) provision of learning experiences
4	Principle of program breadth and flexibility
5	Principle of individual difference in program benefits
6	Principle of ecological dominion and environmental maintenance of development

Both research articles provided substantial information about early intervention programs. After conducting my interview with the Director of Birth to Three, it is clear that the Birth to Three Program matches the findings in these studies, and, thus,

should be considered a successful and optimal early intervention program. The first principle offered by Ramey et al. is the principle of developmental timing. With this, Ramey et al. suggest that intervention should begin at the youngest age possible.

Clearly, Birth to Three does this by starting intervention services at Birth, or shortly thereafter. The second, principle of program intensity, suggests that the most optimal early intervention program that are, "...more intensive (indexed by variable such as number of home visits per week, number of hours per day, days per week, and weeks per year) produce larger positive effects than do less intensive interventions"(Ramey 118). Although the amount and time of services each child receives is based on the individual, the majority of children enrolled in the program are enrolled for at least two years.

The third principle of direct (vs. intermediary) provision of learning experiences states that most optimal programs not only provide services to the individual child, but also to the child's parents. Wasik et al. (1990) also touch upon this and cite Bronfenbrenner (1974) who wrote that, "...the family seems to be the most effective and economical system for fostering and sustaining the child's development. Without family involvement, intervention is likely to be unsuccessful"(Bronfenbrenner, Wasik 1682). Further, Wasik et al. conducted a study in which families with at risk children were randomly assigned to one of three groups. The first group was an intervention group where families received only home-based family education. The second group was a more intensive intervention group where families receive the home-based

family education, and also a center-based education day-care program for the child, and the third group was a control. Their findings indicated that children and families in the second, or more intensive intervention group responded significantly better on measures of cognitive performance than the other children. So, it is clear that providing the child with services as well as the family is extremely important.

Birth to Three actually goes beyond this principle, and Wasik et al's (1990) finding. According to the Director, Birth to Three is a "family focused" early intervention program. It gives the child various services, but also trains the parents and families of the child. This happens to ensure that all permanent people in the child's life is aware of the child's disability, and can work, live, cooperate, etc with the child throughout his/her various routines, schedules, and behaviors.

The fourth principle that Ramey et al. (1998) provide is program breadth and flexibility, which suggests that successful intervention programs should offer a broad spectrum of services to its participants. Further, they feel that intervention programs need to, "...recognize that social and emotional support and concrete help with food, housing, income, employment-or anything else that seems to the family to be an insurmountable obstacle) may have to be provided..."(Ramey 121). Birth to Three accomplishes this by offering a substantial number of services to each child. In most cases, the child will not need all of the services, but they can, and usually do, receive more than one of them. The services include: assistive technology devices and services, audiological services, speech and language services, family training,

counseling, and home visits, health services necessary to benefit from other early intervention services, medical services for Birth to Three diagnostic or evaluation purposes only, nutrition services, occupation therapy, physical therapy, psychological services, service coordination, special instruction, social work services, transportation or mileage reimbursement when necessary to receive other early intervention services, and vision and mobility services.³

The fifth principle of individual difference in program benefits suggests that early intervention programs should be aware of and cater to individual differences among children. Birth to Three accomplishes this by developing Individualized Family Service Plans (IFSP) with the parents of the special need child. These plans describe a child's strengths and needs, and determine family concerns and priorities. They also detail what services and supports are to be provided, including location and frequency. One important aspect of the Birth to Three Program that is not a part of Ramey et al.'s framework, but is extremely important is that all the services provided for the child take place in natural environments. These environments include the child's home, child care centers, and anywhere else that the child spends most of his/her time, and where routines may be developed.

Despite the obvious strengths of the Birth to Three Program, many children are still not receiving necessary early intervention services. After my interview with the Birth to Three Director, I learned that Birth to Three does not do follow-up surveys or studies. Although it gives referrals to its participants, it does not see if

³ <http://www.birth23.org/Questions%20and%20Answers/default.asp>

those services are being provided. Upon mentioning this to my second interviewee, the Help Me Grow representative, she felt that many students might have a hard time transitioning from Birth to Three to normal educational settings. She found that Birth to Three participants received so much support while enrolled in the program, that they did not receive enough support after they turned four, or began formal education. Further, she felt that the program she worked for, Help Me Grow had similar positive characteristics to Birth to Three, but also possessed things that Birth to Three lacked.

Help Me Grow is an intervention program that offers services to all families in the state of Connecticut. Many of its participants are children who did not qualify for Birth to Three because they were only seen as “at risk”, and had no physical diagnoses. The services provided by Help Me Grow are free to all its participants regardless of gross adjusted family income. The main purpose of this program is to connect families to services. Each representative from Help me Grow acts as a community liason between families, doctors, programs, etc, and make communication between them easier. Further, their services are directed at children from birth to the age of five. So, Help Me Grow provides an easier transition to formal education than Birth to Three. Further, because they act as a connector between doctors, services, and families, they are always aware of what is going on with their participants.

Conclusion:

Birth to Three is effective in meeting the needs of low income children with developmental delays. As stated above, the program meets guidelines suggested by

researchers, and has enrolled a great number of Hartford children. However, many children miss out on the program. First, due to the cost changes that occurred after 2003, many families whose children were eligible for the program opted to drop out of it. In fact, out of 74% children who were eligible, only 65% chose to participate. Second, according to both of my interviewees, there are simply too many children in the city of Hartford to accommodate. Lastly, again transitions to normal educational settings are not being focused on, and limit the long term gains of the program.

Implications for Future Research:

I focused solely on Birth to Three, so my research may lack certain statistics regarding the actual number of special needs children in Hartford. Further, it would be interesting to determine what programs, if any, families opt out of Birth to Three participate in. Also, many children are not accepted to the program because they do not meet the eligibility criteria. Despite their lack of eligibility, many of these children may still be at risk of experiencing developmental delays due to their environment. So, where do these children turn to? Lastly, I think that it is extremely important to look into the lack of transitions and services these children receive, and whether or not there are better ways of leaving the Birth to Three Program, or any other early intervention program. Overall, early intervention is one of the most important, but sadly overlooked, areas of education in the United States. Through my research, it seems that most officials, including the Governor of Connecticut agree with this, and yet Connecticut has stopped giving all participants free services, and

there by limiting early intervention participation after the child completes the Birth to Three program.

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