

# Fact Sheet: Advancing Racial Equity in Early Intervention and Preschool Special Education

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The science is clear that the first years of children's lives set the foundation for their healthy development. A young child's race, gender, location, language, and ability should not determine their access to needed services, experiences, and outcomes.

This fact sheet provides key information and supporting evidence about racial disparities and inequities for young children with a disability, and questions for state and local leaders seeking to advance equity for all children with disabilities and their families. What we know about equity, or lack thereof, for early intervention ([Part C](#)) and early childhood special education ([Part B, Section 619](#)) authorized under the Individuals with Disabilities Education Act (IDEA) needs further research. We have intentionally included research on school-age children with disabilities and on school-age workforce knowing there are insights and lessons for the early years.

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*produced in collaboration with:*



**Equity Research Action Coalition**

UNC Frank Porter Graham Child Development Institute

**ecta** Early Childhood  
Technical Assistance Center



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[The UNC Equity Research Action Coalition](#) and the [Early Childhood Technical Assistance \(ECTA\) Center](#) at [Frank Porter Graham Child Development Institute at the University of North Carolina at Chapel Hill](#) created this document in partnership with [the Division for Early Childhood \(DEC\) of the Council for Exceptional Children \(CEC\)](#). This fact sheet is a collaborative effort across researchers, TA providers, and state early intervention and early childhood special education leaders. Dr. Iheoma U. Iruka led the development of this brief in partnership with Dr. Sheresa Blanchard; Christina M. Commons; Ryan Guzman; Christina M. Kasprzak; Dr. Peggy Kemp; Dr. Jen Newton; Suzanne Perry; Wendy Studt; Dr. Micole Talley; Cat Tamminga Flores; Tracy Turner; and Catasha A. Williams. Further review and input was provided by Robin Rooney, Katy McCullough, Denise Bennett, Alex Lazara, and federal partners from [the Office of Special Education Programs](#).



Office of Special Education Programs  
U.S. Department of Education

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## **1. Access to early intervention and early childhood special education for eligible children is a civil right provided under the federal Individuals with Disabilities Education Act (IDEA).**

While states, local, and lead agencies are primarily responsible for providing education and services for all children with disabilities, it is in the national interest that the federal government have a supporting role in assisting state and local efforts to educate and support children with disabilities in order to improve results for such children and to ensure equal protection of the law.<sup>1,2</sup> The purpose of IDEA is to protect the rights of children with disabilities and ensure that all children with disabilities have available to them a free appropriate public education that meets their unique needs in the least restrictive or in their natural environments to prepare them for further education, employment, and independent living.<sup>3,4</sup>

For early intervention, there is emphasis on building state capacity to provide quality services, identify, evaluate and meet the needs of all children, including historically underrepresented populations and expand options for children at risk of having substantial developmental delay.

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## **2. IDEA includes requirements and priorities focused on equity, such as addressing disproportionality in identification and disciplinary practices.**

IDEA requires that states adequately measure performance in the following priority areas:<sup>5</sup> disproportionate representation of racial and ethnic groups in special education and related services, to the extent the representation is the result of inappropriate identification.<sup>6</sup>

Each state that receives assistance must examine their data to determine if significant disproportionality based on race and ethnicity is occurring in the state with respect to identification of children (ages 3–21), placement in particular educational settings (ages 5 in kindergarten–21), and the incidence, duration, and type of disciplinary actions, including suspensions and expulsions (ages 3–21).<sup>7</sup>

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## **3. The U.S. Department of Education, Office of Special Education Programs (OSEP) provides funding to states to serve a diverse group of children with disabilities and their families.**

More than 400,000 children from birth through 2 were served in early intervention in 2018-2019, representing 3.5% of the population of infants and toddlers. More than 800,000 children ages 3–5 were served under early childhood special education in 2018–19, representing 6.75% of the population of children ages 3–5.

States are required to report a variety of demographic information including age, race and ethnicity of children served.<sup>8,9</sup> However, there is a need for more data that is consistently reported across states and a better use of existing data to understand issues of disparity by race and ethnicity as well as other demographic variables.

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#### 4. Children who have access to early intervention and early childhood special education services and programs are more likely to have better outcomes compared to those who do not receive services.

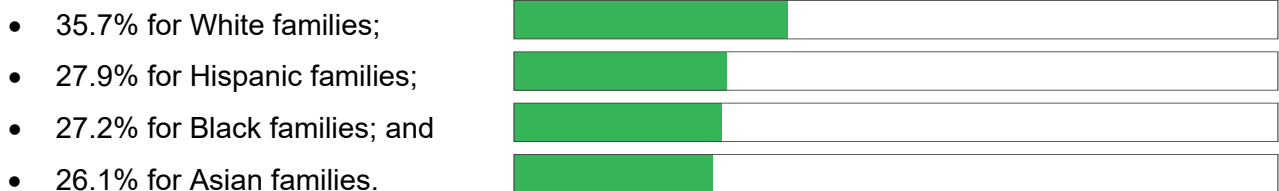
Several meta-analyses find that early intervention and early childhood special education for children ages birth through 5 years produces positive outcomes on many levels. Immediate benefits for the child include cognitive, language, motor, and social emotional development, and improvements were found for the child's family members as well.<sup>10</sup> Two sets of meta-analyses found that early childhood intervention services produced strong effects for children's well-being and cognitive development, and individualized and small-group instruction were especially linked to cognitive improvements and school outcomes.<sup>11</sup>

A study of early childhood intervention services from prenatal to kindergarten entry—home visiting and parent education, home visiting or parent education combined with early childhood education, and early childhood education only—shows long-term effects in academic achievement, educational attainment, and labor market success and economic returns that generate a return to society ranging from \$1.80 to \$17.07 for every dollar spent on the program.<sup>12</sup>

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#### 5. Racial and economic disparities occur in access to early intervention and early childhood special education screening, identification, and referral.

Evidence shows racial disparities in developmental screening and early intervention referral and identification with these disparities getting larger over time. For example, the [ZERO TO THREE State of Babies Yearbook 2021](#) shows the national average for toddlers ages 9–35 months who had received a developmental screening in the past year (*i.e.*, 2020) is 32.5%. A racial comparison of this shows:



36% of families above low income (200% of the federal poverty level) reported their child had received a developmental screening in the past year compared to 27.2% of parents with low income.<sup>13</sup> Using pediatric primary care records from Denver, researchers found that Black children were less likely than their White and higher-income counterparts to be referred to early intervention.<sup>14</sup> A 2009 study of children age 8 found that Black, Hispanic, and other children of color were less likely to have autism spectrum disorder (ASD) documented compared to White children.<sup>15</sup>

Some indication points to providers' dismissal of parents' developmental concerns and abnormal developmental screening results and attribute them to social rather than clinical risk for Black families compared to White families. This study confirms it is consistent with previous research showing Black children with ASD are diagnosed at older ages than White children, and Hispanic children are less likely to be diagnosed at all.

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## **6. Racial disparities exist among those who receive early intervention and early childhood special education services.**

On average, the population of infants and toddlers served mirrored the population of the United States in terms of race and ethnicity, although White children were slightly more likely to receive services than other children, and Black children were slightly less likely to receive services.<sup>16</sup> Similarly, on average, the characteristics of the population of children ages 3–5 with disabilities served mirrored the population of the United States in terms of race and ethnicity, though Black children were less likely to receive services.<sup>17</sup>

State and local data and national surveys shows disparities in service access, based on children's racial and ethnic background and their community.<sup>18</sup> For example, data from the 2009–2010 National Survey of Children with Special Health Care Needs, show that Black and Hispanic children, and children from other racial or ethnic groups were less likely to receive services for developmental delays than White children.<sup>19</sup> Analyses from one state's health department found disparities in rates of referrals, screening, and evaluations for children in low-income communities of color.<sup>20</sup> Children found eligible for early intervention services in neighborhoods that were low-income communities of color were least likely to receive those services. Even in neighborhoods where higher rates of eligible children receive services, Black children were less likely to receive services than White children.

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## **7. Part B (ages 3–21) programs serve more Black and Hispanic children compared to other racial groups; however, there are racial differences in the disability categories under which they are deemed eligible.**

Though more Black and Hispanic children receive services under IDEA Part B compared to White and Asian children, disparities exist with the eligibility categories. For example, Black children are overrepresented in categories such as intellectual disability or emotional disturbance, but not in the categories that are based on a physical or medical condition or state such as hearing impairment or visual impairment.<sup>21</sup>

Scholars who study disability indicate there is a social stratification of disability where some categories are considered low-status and viewed as not valued by society and leading to fewer resources and supports compared to high-status categories. National data show that Black and Hispanic children with disabilities are overrepresented in low-status categories such as intellectual disability and emotional disturbance, and White students are overrepresented in high-status categories such as attention-deficit/hyperactivity disorder and autism.<sup>22</sup>

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## 8. Racial disparities occur in the outcomes for individuals with disabilities, and these disparities start early.

A 2016 national study looking at children in elementary school found that Black children with learning disabilities showed less growth than their White and Hispanic peers, suggesting disparities in supports and outcomes.<sup>23</sup> Similarly, analyses of one large urban school district grades 3–8 math and English Language Arts (ELA) data showed racial and gender differences in academic outcomes for students with learning disabilities following classification into special education, with the largest effects for Asian children and girls, but negative effects for Black children, especially boys.<sup>24</sup> That is, Black children—especially boys—did not seem to benefit as much as Asian children and girls when classified into special education as indicated by their grades 3–8 math and ELA scores.

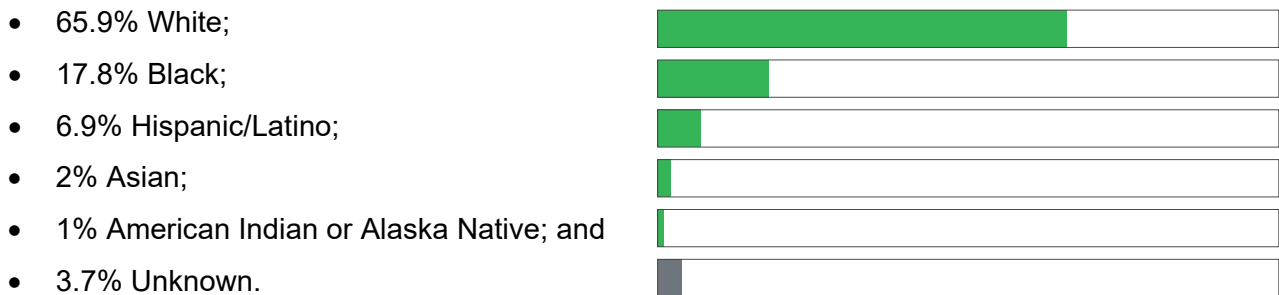
More longitudinal studies like these are needed to shed light on how differences in timing, intervention, instruction, and resources in the early years may eliminate racial disparities in outcomes for children with disabilities when they reach elementary school and beyond.

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## 9. Children and families experience better outcomes when there is a racial/ethnic match with their educators.

An increasing number of studies suggest that children experience better outcomes when matched with an educator of the same race/ethnicity.<sup>25</sup> The limited number of studies conducted to date have primarily focused on older children; however, a large-scale pre-kindergarten classroom study found that increases in social and academic outcomes were significantly associated with racial/ethnic match for Black children.<sup>26</sup> Another longitudinal study, focused on kindergarten children, found that White teachers were more likely to identify behavioral issues in Black children than a Black teacher.<sup>27</sup>

The potential impact on child outcomes raises the importance of having an early care and education workforce that reflects that diversity of the families served and pays attention to matching children with a same-race teacher. While there are limited racial data on the early intervention and early childhood special education workforce, estimates of the demographics for early intervention specialists in the United States<sup>28</sup> shows this workforce is:



Although the race/ethnicity of the early intervention specialist workforce is better aligned with the race/ethnicity of the children and families they serve compared to public school teachers, the percentage of White early intervention specialists (65.9%) is still higher than the 51% of White children and families served.<sup>29</sup> This is consistent for the early care and education workforce. While more diverse than the overall public school teachers, it is predominantly White.<sup>30</sup>

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## 10. Racial disparities that exist in disciplinary practices negatively impact children's learning opportunities.

Students with disabilities are more likely to experience exclusionary discipline practices like suspension and expulsion compared to their non-disabled peers; however, the disproportionality in suspension and expulsion is especially felt by Black, Native and multiracial children.<sup>31, 32</sup> Data from the U.S. Department of Education, Office for Civil Rights show that students with disabilities were 200% more likely to be subjected to restraint or seclusion compared to peers without disabilities.

With the exception of Hispanic and Asian boys, more than 25% of boys of color with disabilities (Black, American Indian/Alaska Native, multi-racial) received out-of-school suspension. This compares with 12% of White boys with disabilities who received out-of-school suspensions. A similar pattern occurs for Black girls with disabilities. Almost one out of five girls of color, except for Hispanic and Asian girls, is likely to receive out-of-school suspension. This compares to 6% of White girls with disabilities who received out-of-school suspension.

Compared to other children, Black children with disabilities were more likely to be subjected to mechanical restraint. Black children represent 19% of the population of students with disabilities but make up 36% of students with disabilities who are subjected to mechanical restraint.<sup>33</sup>

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## Questions for State and Local Leaders

To realize the intent of the Individuals with Disabilities Education Act (IDEA) and support positive impacts for all children with disabilities, state and local programs and agencies must make intentional efforts to identify and address existing barriers in systems, services, experiences, and outcomes for all children. Identifying existing systemic bias requires intentional actions and steps including:

- the disaggregation of disability data by race and ethnicity;
- the examination of the intersection of disability with race/ethnicity, gender, language, poverty level, and place; and
- attention to data gaps such as comprehensive workforce data and the receipt of quality programming over time.

We invite early intervention and early childhood special education professionals, specialists, and administrators to consider the questions below as a starting place for reflecting on the equity of the early intervention and early childhood special education systems. To create an equity plan, a diverse, interdisciplinary team can use these questions and responses as a starting point to examine systems<sup>34</sup> (governance, accountability, personnel development, finance, data system, quality standards) and practices.

1. How are programs analyzing data to understand racial and cultural differences in children found eligible for early intervention and early childhood special education services?
2. Are there racial differences in terms of eligibility and placement?
3. To what extent do programs ensure evaluation and assessment tools and processes used for eligibility allow for multiple voices and means for input (including parent/family voice and other professionals who may see the child in different settings)?
4. Do the demographics of children served in early intervention and early childhood special education reflect the community?

5. How are Child Find plans developed to include intentional public awareness and engagement strategies specific to underserved populations?
6. How are child outcomes data used to identify disparities and develop programmatic strategies to improve? (Remember: child outcomes were developed to measure program effectiveness.)
7. Who reviews the data for disproportionality due to gender, race, and ethnicity? Are other socio-demographic markers considered in the data review? Do program staff review the data for potential racial and ethnic disparities in identification, categories, services, and outcomes?
8. Is there a process in place to address disparities found in identification, categories, services, and outcomes?
9. Is the racial and ethnic makeup of the early intervention and early childhood special education workforce similar to the children and families served? If so, how did this happen? If not, how can this be addressed?
10. Is there an examination of the impact of the racial and cultural match on the relationship between the early intervention and special education workforce and the families and children served?
11. How are funding decisions made at the state and local level and with tribal partners to provide resources and funding for system components to better serve ethnic minority children with disabilities, especially Black, Native American/Alaska Native, and Hispanic children?

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