
Services Received by Children and Families Entering Early Intervention

Service delivery under Part C of the Individuals with Disabilities Education Act (IDEA) has been found to vary depending on a variety of factors (Harbin, McWilliam & Gallagher, 2000; Hebbeler, 1997; Kochanek & Buka, 1998; Spiker, Hebbeler, Wagner, Cameto, & McKenna, 2000). In part, this is due to the fact that there was considerable variation in the history of early intervention service delivery prior to the implementation of Part C. The law further allowed States some latitude in implementing Part C. Understanding the nature of early intervention is clearly of significance at many levels, including the development of Federal and State policies to improve services and ultimately the results of those services. Describing the nature of early intervention, however, is not a straightforward task. Early intervention can be described with regard to many different features and, as yet, we do not know which features of early intervention are the most important. Early intervention can be characterized with regard to type of service (e.g., speech therapy, nutrition services, etc.), location of service (home, specialized center, etc.), or provider of service (nurse, physical therapist, etc.), to mention just a few potential critical features.

Data on Part C services have been collected from States by the Office of Special Education Programs (OSEP) for the past several years and are reported in tables AH1 through AH12 of this report. There also exist some data from statewide evaluations (e.g., Farel, Schackelford, & Hurth, 1997; Roberts, Innocenti, & Goetze, 1999). The National Early Intervention Longitudinal Study (NEILS) adds considerably to what is known about early intervention services by providing more in-depth information about multiple features of services provided to a nationally representative sample of 3,338 children and families. These infants and toddlers and their families began receiving early intervention services for the first time in 1997-98. This module provides initial information about their first 6 months of service.

At the time of enrollment into early intervention, when families completed and signed the initial individualized family service plan (IFSP), staff members at agencies enrolling families into NEILS were asked to name one of the early intervention professionals who would be most knowledgeable about the services that the child and family would be receiving. Frequently, this individual was the family's designated service coordinator, but he or she could be any type of professional familiar with the services provided to the child and the family. Six months after the signing of the initial IFSP, this provider was asked to complete a NEILS Service Record to report information about the services provided to the child and family during the prior 6

months. The service data reported here are weighted to represent the national population of infants and toddlers entering early intervention.

The following questions are addressed in the data from NEILS reported here:

- (1) What types of early intervention services are provided to infants, toddlers and their families?
- (2) Where are early intervention services provided (i.e., locations or settings)?
- (3) What are the types of providers who are delivering early intervention services to infants, toddlers and their families?
- (4) What are the reasons that those early intervention services scheduled for infants, toddlers and their families are missed, when they are missed?
- (5) How well are the infants and toddlers receiving early intervention services progressing towards the goals specified in their individualized family service plans (IFSP)?

Receipt of Early Intervention Services and Types of Services

Six months after enrollment into early intervention (defined as signing the initial IFSP), 81 percent of infants and toddlers and their families were still enrolled in early intervention. Of those who were no longer enrolled in early intervention after 6 months, 3 percent of the children had died, 37 percent were no longer eligible for services because they no longer met the State's eligibility criteria for developmental delay or they had reached 36 months of age, and 24 percent had moved away or had a change in custody/household. Significant minorities of families had discontinued services (18 percent) or could not be located by early intervention providers (11 percent).

Federal law specifies the types of services that are designated as early intervention services. The percentages of children and families receiving these and other services are shown in table III-13. The most frequently provided service was service coordination, which was provided to 80 percent of the families. (It should be noted that the family may decline this service or choose to perform this coordination function themselves. Some respondents may also have neglected to identify service coordination because it is a service to which every family is entitled.) Social work services were provided to 12 percent of NEILS families, and it is possible that these providers performed some of the functions considered under the rubric of service

Table III-13
Early Intervention Services Received by Children and Families During the
First 6 Months, as Reported by Service Providers

Service	Percent
Assistive technology	4
Audiology	14
Behavior management services	6
Developmental monitoring	38
Family counseling/mental health counseling	4
Family training	20
Other family support	10
Genetic counseling/evaluation	3
Health services	7
Medical diagnosis/evaluation	11
Nursing services	7
Nutrition services	7
Occupational therapy	39
Physical therapy	38
Psychological or psychiatric services	4
Respite services	4
Service coordination	80
Social work services	12
Special instruction for the child	44
Speech/language therapy	53
Translation services (interpreter)	2
Transportation and/or related costs	7
Vision services	6
Other	2

Notes: Percentages sum to more than 100 percent because children and families could receive more than one service.

Percentages exclude 2.3 percent of children and families who received no services in the first 6 months after signing the IFSP.

N=2,651.

Source: National Early Intervention Longitudinal Study.

coordination. One major goal of the Part C legislation was to provide families with better coordination of services (Roberts, Behl, & Akers, 1996; Roberts, Innocenti, & Goetze, 1999).

Since Part C was enacted to enhance the development of infants and toddlers with disabilities or at risk for developmental delay, it is not surprising that direct services related to supporting and promoting the child's development and functioning were

frequently provided. After service coordination, different therapy services were the next most common service provided. Speech therapy was provided to about half of all NEILS children (53 percent) during their first 6 months in early intervention. Occupational therapy and physical therapy were provided to about 4 in 10 children (39 percent and 38 percent, respectively). Special instruction to the child was another common service, provided to about 4 in 10 children (44 percent).

Another important area of early intervention service is that of evaluation and assessment of the child's development, health, and overall functioning. Developmental monitoring was a commonly provided service, provided to 38 percent of the children. Other services that relate to a variety of evaluation and assessment needs of children and families were provided to significant minorities of families. For instance, 14 percent received audiology services, 11 percent received medical diagnosis or evaluation services, and 3 percent received genetic counseling.

One of the fundamental goals of the Part C program is to provide support to improve families' capacity to meet the special needs of their infants and toddlers (Bailey et al., 1998; Wesley, Buysse, & Tyndall, 1997). To this end, services related to family training and other family support were provided fairly frequently. For instance, of the family-related services shown in table III-13, 20 percent of families received family training, 10 percent received other family support services, 12 percent received social work services, and 4 percent received family or mental health counseling services.

Most of the children and families (77 percent) received between two and six different services, with about one in five receiving two different services (18 percent), three different services (19 percent), or four different services (17 percent). Nearly 1 in 10 families received eight or more services during the first 6 months in early intervention.

Location of Early Intervention Services

Early intervention services can be provided in a variety of settings. Federal law specifies that services should be provided in natural environments to the maximum extent appropriate, which for infants and toddlers means the home and community settings in which children without disabilities participate (e.g., child care or preschool programs).

The majority of infants and toddlers received services in a home or community setting. Nearly 8 in 10 infants and toddlers in the NEILS sample (78 percent)

Table III-14
Locations of Early Intervention Services Received During the First 6 Months After the Initial IFSP as Reported by Service Providers

	Percent
In the family's home	78
In a family day care/preschool/nursery school	10
In a specialized center-based early intervention program	28
In a clinic or office (e.g., hospital-based clinic, therapist office)	29
Another setting (e.g., inpatient services in a hospital)	5

Notes: Percentages sum to more than 100 percent because children and families could receive more than one service.

Percentages exclude 2.3 percent of children and families who received no services in the first 6 months after signing the IFSP.

N=2,651.

Source: National Early Intervention Longitudinal Study.

received services in the home (see table III-14). One in 10 children (10 percent) received services in a family day care, nursery, or preschool setting, and a small percentage received services in other settings, including community-based programs like a gym or YMCA program or various types of community-based offices. Finally, 3 in 10 children received services in specialized early intervention programs (28 percent) or clinics (29 percent). Most children and families received services in one (58 percent) or two (33 percent) different settings. Eight percent received services in three settings, and 1 percent were served in four settings.

Types of Providers of Early Intervention Services

There is a wide variety of early intervention services; thus, many different kinds of personnel provide these services (table III-15). The most common types of early intervention providers were service coordinators, speech and language therapists, occupational and physical therapists, child development specialists, and special educators.

Most of the children and families had two or more different types of providers delivering services to them. About half of the NEILS families (46 percent) had two or three providers working with them, while another 28 percent of families had four or five different providers working with them. For a small minority of families (13 percent), there were as many as six or more different types of providers at one or more agencies working with their child and family.

Table III-15
Types of Providers of Early Intervention Services to Children and Families
During the First 6 Months After the Initial IFSP as Reported by Service
Providers

	Percent
Type of Provider	
Audiologist	12
Behavior therapist	2
Child development/infant specialist	33
Family support specialist	5
Family therapist/mental health professional	1
Nurse	9
Nutritionist	5
Occupational therapist	38
Occupational therapy assistant	3
Orientation/mobility specialist	<1
Paraprofessional	5
Parent (other than parent of the child)	1
Pediatrician	7
Physical therapist	39
Physical therapy assistant	2
Psychologist/psychiatrist	6
Physician	7
Service coordinator	64
Social worker	10
Special educator	29
Speech/language therapist/pathologist	53
Vision specialist	5
Other	4
Number of different types of providers	
None	1
One	13
Two	23
Three	23
Four	17
Five	11
Six	6
Seven	4
Eight or more	3

Notes: Percentages for types of providers sum to more than 100 percent because children and families could receive services from more than one provider.

Percentages exclude 2.3 percent of children and families who received no services in the first 6 months after signing the IFSP.

N=2,651.

Source: National Early Intervention Longitudinal Study.

The providers who completed the NEILS Service Records were asked to indicate whether the different providers consulted with each other on a regular basis in order to coordinate and share information. Because children and families may receive multiple services from different providers, consultation among providers is an essential component of an effective service delivery system (Paisha & Wesley, 1998; Roberts, Behl, & Akers, 1996). Such consultation was reported for 94 percent of the families. For 14 percent of the families, one or more early intervention professionals working with the family consulted regularly with the child's day care or preschool teacher.

Reasons for Missing Early Intervention Services

Understanding the differing reasons that children and families miss scheduled services is important for the design and improvement of local early intervention systems, including issues related to staffing and allocation of expenditures, among other issues. For instance, if family factors, such as lack of transportation, prevent families from consistently participating in early intervention services, knowing which factor is a barrier may suggest a specific strategy for program improvement. Another strategy might be developed in response to knowing that missed services are due to a lack of available staff.

Nearly 2 in 10 children and families missed no services in the first 6 months after entering early intervention (see table III-16). Of those who did miss some services during that time, nearly 6 in 10 (58 percent) did so for reasons associated with the child, such as illness. Another 46 percent missed services because of reasons related to family circumstances, such as lack of transportation. More than one-fourth of families missed services due to problems related to programs or providers, such as provider illness or lack of available staff. This is consistent with other studies that have shown that families do not typically receive all of the services they are scheduled to receive. For instance, Kochanek & Buka (1995) reported that 72 percent of the total number of services scheduled for infants, toddlers, and their families were actually provided. They also found that the major reason for missing services was due to factors related to families being unable or electing not to use the services offered. This study did not distinguish between reasons related to the child versus those related to the family.

Perceived Progress Toward IFSP Outcomes

Finally, providers were asked to rate the child's progress toward achieving the outcomes specified on the IFSP. Providers gave positive progress ratings for the majority of children. Forty-nine percent of the children were rated as making about

Table III-16

Reasons Children and Families Missed Early Intervention Services During the First 6 Months After the Initial IFSP as Reported by Service Providers

	Percent
No services missed in the past 6 months	19
Missed for reasons related to child (e.g., illness)	58
Missed for reasons related to family (e.g., transportation problems, forgot appointment)	46
Missed for reasons related to program or provider (e.g., provider illness, staff not available)	27
Unknown	22

Notes: Percentages for reasons for missing services sum to more than 100 percent because families could miss services for more than one reason.

N=2,651.

Source: National Early Intervention Longitudinal Study.

as much progress as expected, and 23 percent were rated as making more progress than expected. Only 12 percent of NEILS children were rated as making less progress than expected. Progress ratings were not provided for 16 percent of the children. Future analyses will examine these ratings in relation to other information. For example, it will be important to determine how these ratings correspond to other indicators of child progress and how they relate to the actual services received, as well as to other data obtained from parents via the annual phone interviews, (e.g., disability types, family demographic characteristics).

Summary

This in-depth first national look at the services received by infants and toddlers and their families in the first 6 months after entering the Part C early intervention program shows that there is considerable variability with regard to service types and characteristics. Most children and families received between two and six different early intervention services, with about 8 in 10 families receiving service coordination. Therapy services and special instruction for the child were the most frequently provided services, with nearly half of all children receiving speech therapy and nearly 4 in 10 receiving special instruction for the child, physical therapy, or occupational therapy. Services were provided in a variety of settings, but the vast majority of families (78 percent) received some services in their homes. Most children and families received services in either one setting (58 percent) or in two settings (33 percent). Additional analyses which include more information about the combination and intensity of services and how these aspects of services relate to child and family characteristics and outcomes will be forthcoming in future reports from NEILS.

A wide variety of professionals and paraprofessionals provided early intervention services to children and families. Providers reported consultation among providers for 94 percent of the families, suggesting a significant degree of collaboration and information-sharing among the personnel providing early intervention services. For 14 percent of the families, one or more early intervention personnel consulted with the child's day care providers or preschool teachers. Additional analyses will examine the percentage of children in child care settings to provide further insight into this estimate.

In future reports from NEILS, the information about services and providers reported here will be examined in the context of data about the backgrounds and training of early intervention personnel and the characteristics of early intervention programs and agencies. Ultimately, service and provider data will also be used to determine how these service characteristics relate to child and family outcomes.

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