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New Study Finds Unequal Access to Services for Young Children with Special Needs

NEW BRUNSWICK, NJ – Inequalities in access to Early Intervention (EI) and Early Childhood Special Education (ECSE) for children prior to kindergarten are pervasive across the United States and in Nevada. These services are critical to improve learning and development for children with special needs—and children ages 3- to 5-years-old have a legal right to them. Yet, access to those services is far from uniform. States vary greatly in the percentages of children served, and children in lower income states are less likely to receive EI and ECSE. Also, access differs by family background with Black, Hispanic/Latino, and Asian children less likely to receive EI and ECSE than White children.

According to State(s) of Early Intervention and Early Childhood Special Education: Looking at Equity, a new study released today by the National Institute for Early Education Research (NIEER) at the Rutgers Graduate School of Education, nationally, 3.7% of children under 3 years old received EI in Fall 2020 but this varied from a high of 10% in Massachusetts to a low of 1% in Arkansas and Hawaii. And 6% of 3- & 4-year-olds received ECSE services nationally in Fall 2020 but this ranged from 14% in Wyoming to less than 3% in Alabama. Nevada served 2.7% of children under 3 in EI and 5.0% of 3- & 4-year-olds in ECSE. These and other findings raise serious concerns that access to EI and ECSE is highly inequitable. The study report is available in full here.

Black, Hispanic/Latino, and Asian children are less likely than White children to receive both EI and ECSE services. The disparities are largest for Black children and cannot plausibly be explained by need; at school-age Black children are more likely than White children to be identified as needing special education.

Specific data comparisons on receiving EI and ECSE by race/ethnicity in Nevada include:

- 3.1% of White children under age 3 received EI compared to 2.5% of Black and Hispanic children, and 2.4% of Asian children
- 5.3% of Black 3- & 4-year-old children received ECSE compared to 5.1% of Hispanic children, 4.9% of White children, and 3.8% of Asian children

The Covid-19 pandemic had a significant negative impact on services. The number of children receiving EI fell by 63,000 and 77,000 for ECSE nationally from Fall 2019 to Fall 2020. Asian children saw the largest annual declines in EI and Black children had the largest declines in ECSE. Fewer children received services in inclusive environments, as well. In Nevada White children saw the largest decrease in EI (18%) and White children saw the largest decrease in ECSE (24%).

“The unequal access across and within states in EI and ECSE found by this study is concerning. Access to EI and ECSE should not depend on the wealth of the state in which a child lives,” said Allison Friedman-Krauss, Ph.D., a research professor and NIEER’s lead author of the
report. “Additional federal funding, as is included in President Biden’s proposed budget, is needed urgently to begin to reduce these disparities.”

“Access to EI and ECSE is vitally important for young children with disabilities and their families. Racial disparities in services—particularly lower rates of participation for Black children—should be ringing alarm bells across the nation,” said **Dr. Steven Barnett, NIEER co-director and Rutgers Board of Governor’s Professor of Education.** “The federal government should immediately act to create and convene a national commission bringing together state leaders to develop policy and practice solutions based on the best examples from the states.”

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*The study reported in State(s) of Early Intervention and Early Childhood Special Education: Looking at Equity was supported with funding from the Robert Wood Johnson Foundation. For more information and detailed state-by-state profiles, please visit www.nieer.org.*

*The National Institute for Early Education Research at the Rutgers Graduate School of Education, New Brunswick, NJ, supports early childhood education policy and practice through independent, objective research and the translation of research to policy and practice.*