Dialog, *23*(2),

ISSN: 1930-9325

RESEARCH TO PRACTICE SUMMARY

A Program-Wide Look at Early Identification of Socioemotional and Behavioral Needs in Head Start Programs to Better Serve Children

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Early childhood programs, such as Head Start, that serve children at risk can implement programmatic screening procedures to ensure equitable identification of children displaying a range of socioemotional and behavioral needs. We examined administrative records linked to a program-wide mental health screening tool to examine patterns of special needs referral and identification for children within the Head Start program (*N*=7,301 children). Findings showed that male, Hispanic, and Spanish-speaking Dual Language Learner (DLL) children were identified with a disability at a higher rate compared to female, non-Hispanic, and non-DLL children. Children displaying challenging behaviors such as aggressive, oppositional, or disruptive behavior were identified at higher rates than children displaying shy or socially withdrawn behaviors.

Keywords: early identification; socioemotional; screening tools; Head Start

INTRODUCTION

Young children living in poverty are at risk of experiencing developmental, socioemotional or behavioral difficulties in part because of their disproportionate exposure to multiple ecological risks during the early childhood period (Casey Foundation, 2017; Garbarino, 1995; Qi & Kaiser, 2003). Early childhood programs such as Head Start serving children at risk have the opportunity to identify early developmental and behavioral needs and provide high quality, timely interventions that support children's active engagement in early learning and socialization experiences that support kindergarten success (Shonkoff, 2011).

Several national laws and best practice guidelines delineate procedures for early screening, referral, identification, and intervention services for young children, including the Individuals with Disabilities Education Act (IDEA, 2004), the Head Start Program's Federal Performance Standards (U.S. DHHS, 2016) and the Division for Early Childhood Council for Exceptional Children Recommended Practices (DEC, 2014). Recommended procedures include screening and

follow-up referral and assessment of all children displaying possible developmental delays or behavior concerns. Importantly, procedures should be sensitive to family culture, language and ethnic background.

However, in practice, many early childhood programs face challenges in equitable screening, identification and referral of children for early intervention services Barriers to equitable procedures for screening and identification may result in the under-identification of children most in need of early intervention services. For our study, we took a closer look at the special needs pipeline in partnership with a Head Start program serving an urban-residing, ethnically, racially and linguistically diverse population of children and families.

SUMMARY OF RESEARCH METHODS

Participants and Procedures

An entire cohort of children enrolled in a large urban Head Start program participated (7,301 children). As part of a University-Head Start research partnership, enrollment data were linked with a database containing the program's mental health screening measure (the Devereux Early Childhood Assessment [DECA]; LeBuffe & Naglieri, 1999) and children's disability status. Children were classified either as having a "suspected" or "identified" disability. Children with a "suspected" disability had been referred for evaluation based on either a teacher, parent, or disability specialist concern, or programmatic screening result. Children with an "identified" disability had received a formal comprehensive educational evaluation by a professional, had been diagnosed with a documented delay or disability, and were found eligible to receive Early Intervention services according to Part B of IDEA (U.S. Department of Education, 2004). Once the files were linked, the datafile was de-identified for analysis.

Key Takeaways from the Findings

The descriptive picture of the percentage of children in the disability database showed that 7.2% of children were classified with a documented disability and were eligible to receive early intervention services and 5.2% of children fell in the "suspected" category, meaning that they were flagged for a concern about their development and referred for comprehensive evaluation.

The majority of children identified with a disability were classified with a speech/language impairment; however, very few children were identified to receive early intervention services for an emotional/behavioral disability. This pattern is consistent with national studies.

Boys were more likely than girls to be in the group of children either suspected or identified with disability. Hispanic and Spanish-speaking DLL children were also more likely than non-Hispanic and non-DLL children to be in the group of children either suspected or identified with disability.

When examining patterns of socioemotional and behavioral needs within the group of children suspected or identified for mental health disability, we found that children displayed higher externalizing behavior on the DECA Behavior Concerns subscale and lower self-regulated behaviors on the DECA Self-Control subscale, compared to children who were not in the disability

group. The scores on DECA Attachment and Initiative subscales were not significantly lower in the mental health disability group compared to the non-disability group, suggesting that children in the disability group may not be those children displaying shy, anxious, or socially withdrawn (traditionally called internalizing) behavior.

Recommendations for Practice/Programs

A key theme important for early childhood programs like Head Start to consider, is that administrative data systems—often used for accountability and administrative purposes—can be valuable sources of information for formative evaluation and program improvement. Through building trusting, bidirectional collaborations between program personnel and University researchers, administrative data can be analyzed and findings shared back with the program. In our study, we were fortunate to have a close working partnership with our local Head Start program and we shared a common value to improve services for children with socioemotional and behavioral needs.

Another key takeaway from our study is that intentional, systematic procedures are needed to support screening, assessment, and monitoring in early childhood programs. Rather than just relying on teacher or parent referral, systematic screening using validated tools and follow-up procedures with trained staff can help identify where biases might be in the referral and identification pipeline and where additional support might be needed.

Programs serving children from ethnically, racially and linguistically diverse backgrounds may need to pay special attention to the unique cultural or linguistic differences that contribute to different patterns of development. In this study, our Head Start program partner provided services to a diverse population of children and families and our findings differed from some other national studies. Best practices delineate that the screening and assessment process involve families as partners and ensure that the screening process is commensurate with the child's family and home culture/language (Head Start Program Performance Standards, 2016; DEC, 2014). This is particularly important as researchers develop more validated assessment tools available for use in early childhood programs with diverse populations such as those from Hispanic and DLL-backgrounds (Snow & Van Hemel, 2008). The broader field increasingly also recognizes and takes seriously the need to root out systemic racism and implicit biases that contribute to greater risks for suspension and expulsion of African American boys for challenging behavior within early childhood education programs, compared to their non-Black counterparts (Gilliam et al., 2016). Such inequities further highlight the need for culturally competent early childhood screening and assessment.

Another important implication for early childhood programs is that DLL children nationally tend to be over-referred to special education services for speech/language delays (Gildersleeve-Neumann et al., 2008; Sullivan, 2011). However, DLL children follow a more complex path in developing expressive and receptive language skills than monolingual children (Castro et al., 2011; López & Páez, 2021; Peña & Halle, 2011) and this may be interpreted as a delay in pronunciation, productive language or expressive vocabulary skills. Professional development and training of early childhood practitioners—teachers, speech/language therapists, and psychologists—is needed as well as validated assessment tools that could more accurately identify children who have a

speech/language delay. A new resource (López & Páez, 2021) can be disseminated providing many strategies for supporting Spanish speaking DLL children in early childhood programs.

Finally, it is important to recognize that children who display internalizing behaviors (such as anxious, socially withdrawn, or shy behavior) may be struggling just as much as children who display more externalizing (disruptive or aggressive) behaviors in the classroom and in the home context. Researchers and mental health professionals with expertise in assessment should consult with Head Start programs to ensure that the measurement tools used programmatically offer an opportunity for all children's socioemotional and behavioral needs to be equitably identified.

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