

# Week 3: Legislation, Intervention & Prevention

## Chapter 2

### I. Highlights

- A. There is sometimes a long time between passing laws and seeing real change in day-to-day life. (40 years later, we still don't have wheelchair ramps everywhere.)
- B. Disability rights laws were part of the overall civil rights movement because they were both about getting equal protection for all people. Both of these happened because of public pressure on lawmakers — advocacy matters!
- C. Section 504 prohibited discrimination, required wheelchair accessibility (1973)
- D. EHA, renamed IDEA (1975, then 1990): EHA guaranteed “free and appropriate public education.” IDEA guaranteed it in the “natural environment” (age 0-3) or “least restrictive environment” (ages 3+) whenever possible.
- E. ADA (1990) requires equal opportunity / access
- F. More laws specific to California too
- G. Head Start began in 1965 for poverty-stricken families in Arkansas
- H. Gifted & Talented (children who are way above average) can be considered a type of special need, but usually gets very little funding.
- I. No Child Left Behind tied school district funding to student test scores, which forced K-12 teachers to “teach to the test” in math and language only. Scores went down because we stopped serving the whole child.
- J. Prevention is even better than early intervention! Prevention begins before conception and continues after birth through medical care, screening / diagnosis, immunizations, nutrition, etc.

## II. Homework

- A. Google “map to inclusion” and “map to inclusion and belonging.” Read through it, she says it’s good.
- B. Chapter 1 & 2 reviews due next week.
- C. Read chapter 3 for next week.
- D. Write a short paragraph overview of the individual project I want to do. (Can change it later, but she wants to see an outline next week.) Example: is you project about sensory experiences, or cooking / food, or music & movement?

## III. General notes

- A. Individual project assignment (see syllabus)
  - 1. This week, start thinking about it. Write a paragraph of what you’re planning to do. Can change my mind later, but wants us to turn in a short paragraph of what I’m planning to do (rough outline).
  - 2. Example: If you’re focusing on a certain sense or an arts activity, say that. Break it down to what kind of art? playdough, fingerpainting, easel painting, woodworking, etc.?
  - 3. Example: If you want to do hand-eye coordination
  - 4. Will need to make a handout as part of the presentation. Today at break she had previous handouts available for us to see.
  - 5. Example: visual schedule with velcro or magnetic pieces, with a big version on the wall and a small version on an individual child’s tray. These help children make transitions from one activity to the next. This lets the child move / check off the pieces after each activity, which gives them that sense of control over transitions. Makes it less of a battle.

6. Practice/use it with the children you work with (special needs or typically developing). Make sure your presentation in front of the class is not the first time you do it.
  7. Examples: frozen yogurt, frozen in different shapes/ flavors, cupcake decorating, colored leaves/nature walk and make a collective or personal collage,
- B. If you're having trouble getting in touch with a parent/ child pair for the observation assignment, ask around. See if the West Valley center can put you in touch with someone. If you're taking other classes, ask your classmates.
1. If you have a child in your program whom you think has special needs but isn't diagnosed, ask the parents' permission and tell them you have to do an observation. Don't tell them it's for special needs, because we can't diagnose!
  2. Pay attention to the assignment sheet. It should be natural interactions, indoors, not at a park or McDonald's or co-op school.

#### **IV. Chapter 2: Federal Legislation on Early Intervention and Prevention**

- A. Dr. Martin Luther King, Jr.: "When the architects of our republic wrote the magnificent words of the Constitution and the Declaration of Independence, they were signing a promissory note to which every American was to fall heir. This note was the promise that all men... would be guaranteed the unalienable rights to life, liberty, and the pursuit of happiness." (This is a very inclusive attitude.)
- B. The rights of children with disabilities
1. To be included in all aspects of United States life
  2. Has its roots in the US Constitution, which guarantees equal protection under the law to ALL citizens
  3. We often talk about everything that's wrong in our society, but this basic equal rights of everyone is mostly upheld in this country. Compare that to

other countries: in Africa or Asia, a child with special needs has no rights, is totally subject to however the people around treat them.

C. History tells us

1. Only in the 1900s have we come to include everyone under equal protection for “all men” — earlier didn’t give much protection at all to people with disabilities, or people with different skin colors, etc.
2. 1969 Lanterman Developmental Disabilities Service Act in California was the first landmark legislation that changed the course of services for children with disabilities and their families
3. Before this, there were children with disabilities who sometimes got served (especially in Montessori because it was built for that) but had no guaranteed right to access services

D. How has legislation impacted ECE from 1969 to today?

1. Awareness! A lot more people are aware of how to recognize and prevent disabilities, how to provide intervention services earlier to minimize impact of disabilities, how to care for pregnant women and young children with nutrition and medical care to prevent problems, etc.
2. A lot of nonprofit organizations now exist to support these families and raise public awareness about various disabilities, helping the public to see these children as families

E. It seems like the number of children with special needs is growing. Do we have more children with special needs, or are we more aware of them/better at identifying them? Probably both.

1. Doctors are able to save babies who are very premature
2. More women having babies late in life (40s) which raises the risk of disabilities

3. More drug and alcohol abuse, which affects the baby while mom is pregnant and affects children if drugs/ alcohol in the home lead to abuse/neglect.  
Conflicting advice from media and websites and doctors about what's okay for the baby while mom is pregnant.
4. We are also more aware of the warning signs, so we can catch it earlier/ more often. (We all know adults who should have gotten services when they were younger but they were never identified.)

F. History and landmark legislation: social and political forces

1. Parents contacted lawmakers to request support at local levels and up to US Congress, pushing for federal legislation
2. Big federal legislation provided security for families of children with special needs: first time their children's rights were protected
  - a) Individuals with Disabilities Education Act (IDEA)
  - b) Americans with Disabilities Act (ADA)
  - c) Changes over the last four decades (40 years)
    - (1) No change ever happens without advocacy
    - (2) No law gets passed without legislator's support, and no legislator moves without the people demanding action ("This is what I want you to pass or I won't vote for you...")

G. Role of advocacy

1. Call and email your representatives
2. Children have no voice, so we have to be their voice. Send the message to Congress over and over and over. If we don't speak up, how will lawmakers know what needs to change?
3. Can contact local, state, and federal lawmakers.
4. Also benefits children when teachers are paid more, families receive health care and nutrition, public education, etc. Advocating doesn't just mean for the

individual child; supporting the families and teachers who help raise the child will benefit the child too.

#### H. The early intervention movement

1. First the law said children have these rights to services, but what are we going to do with that? Now what? There can be a long gap between passing the law and really seeing change.
2. Part of the Civil and Disabilities Right movements
3. Services for children with disabilities begin at birth
4. Public policy for the gifted
  - a) Giftedness can be considered a type of special need, but most of the money went to children with disabilities.
  - b) Gifted children are often not being challenged enough in public school to reach their full potential. Very little funding for them.
  - c) This matters because what we want is full potential for all children. It's the same principal as defending children with disabilities.

#### I. Historical Timeline: Federal events for people with disabilities

1. 1954 Brown vs. the Board of Education (said separate is not equal — meant it about skin color then, but same argument supported inclusion for people with disabilities later)
2. 1964 Civil Rights Act (all people have the same Constitutional rights)
3. 1965 Head Start preschool program funded (important!)
  - a) Started in Arkansas in one of the poorest areas of the US
  - b) Was for poverty-stricken families. Brought in the families of all children, with and without special needs.
  - c) Provided food and health care during the school day, required parents to be part of the program for ages 3-5.

- d) Is still one of the best places for teachers to teach preschool. Good ratio, good salary, health insurance and pension plan, parent participation requires.
- 4. 1972 Head Start program requirement: 10% of the children they serve must be children with disabilities
- 5. 1973 Rehabilitation Act: Section 504
  - a) prohibits discrimination
  - b) requires access for wheelchairs
  - c) blue zone parking
  - d) 40 years later, there are still programs that claim their building is not wheelchair accessible -- passing the law doesn't mean it happens in reality in the community right away
- 6. 1975 EHA (Education for All Handicapped Children Act) guarantees a "free and appropriate public education" for all children (not requiring natural environment or inclusion with same age group yet, but it's a start)
- 7. 1986 EHA Amendments / PL99-457 added infant / toddler and preschool programs for children with disabilities (infant / toddler is optional, state by state)
- 8. 1990 EHA Amendment, renamed IDEA
- 9. 1990 Americans with Disabilities Act
- 10. 1991 IDEA Amendment, Part H
- 11. Each law opened services up to more areas, more age groups, more types of special needs, make services more inclusive, help prevent discrimination
- J. Historical timeline: California events
  - 1. 1969 Lanterman Act = community-based services started
  - 2. 1982 Special education preschool services for "children with intensive needs" (segregated, but it existed)

3. 1984 AB 1674 Rosenthal = services in child care programs
4. 1987 California accepted PL 99-457 (chose to offer services for infants through preschoolers with disabilities)
  - a) CA Early Intervention program established
  - b) DDS (Department of Education in Sacramento) is the lead agency
5. 1990 SB 2194 (Morgan) = funds for training of ECE workforce
6. 1993 CA Early Intervention Services Act passed, funding through Title 14 government code
7. 1998 California Early Intervention Services Act started "Early Start" (services for birth to age 3, different from Early Head Start which is a federal program)
8. 2002 SB 1703 (training) funds to increase the capacity of non-subsidized providers
  - a) Provides more training for private infant/toddler care centers, those centers can get some funding for serving children with special needs
  - b) Takes away the excuse of, "Oh, we don't have the training or resources to take care of your child." They can get the training and funding.

K. The legal basis for inclusion

1. IDEA guarantees free and appropriate public education in the least restrictive environment
2. ADA was civil rights legislation requiring equal opportunity in public accommodations, employment, transportation services, and telecommunication
  - a) City buses have wheelchair lifts
  - b) Braille signs everywhere
  - c) Employers can't refuse to hire you because of your special needs
3. Section 504 of the Rehabilitation Act of 1973
  - a) prohibits discrimination



- b) requires buildings and transportation to be accessible
  - c) handicap parking, Braille in elevators, handicapped accessible restrooms
  - d) requires equal opportunity for children with disabilities in any program that receives federal funds
- L. Small group activity: design a new piece of legislation to meet the needs of children with special needs. Develop a statement describing the piece of legislation and how you would advocate for it
1. Idea: require all swimming pools in community centers and public schools to be accessible
  2. Idea: require all public parks and school playgrounds to be more accessible for children with mobility problems/wheelchairs
  3. Idea: universal Child Find screenings in all centers every year (5 senses + speech/language)
  4. Idea: educate all ECE teachers in special needs and inclusion
  5. Advocacy strategies: contact legislators, start petitions, partner with existing nonprofits to raise awareness, start blogs/social media buzz, hold press conferences, march on Sacramento or Washington

## **V. Federal Legislation: Early Intervention and Prevention**

- A. Early intervention is a form of remediation to reduce developmental disabilities
- B. Ideally we can look at a newborn infant and meet all their needs, be observant enough to spot any atypical development. As soon as you see something, don't wait, don't brush it under the rug. Document it, involve your director and the child's parents, pursue evaluation and diagnosis.
  1. If there's nothing wrong, you haven't lost anything by getting evaluated. If there is something wrong, you're losing valuable early intervention time by waiting.

2. If it's environmental (such as a 4-year-old child with very little vocabulary because no adults talk with him, no one reads to him, etc.), it's not necessarily a disability, but the child still needs intervention to help him catch up. Otherwise it can become a secondary disability, caused by the lack of exposure to language development.
3. Catching it early is how we prevent later problems, minimize the services and money and headaches for the parents that would otherwise be required later.

#### C. The Early Intervention Movement

1. Environment and experience, compensatory education, Head Start 1965
  - a) Environment has to be enriching/engaging
  - b) Environmental materials have to be for the age and stage of development
2. Civil Rights (children with disabilities have rights to equal access)
3. Gifted and Talented (also protected)
4. Landmark Legislation P 32
5. Interdisciplinary team
6. People-first terminology (such as "a child with autism" instead of "autistic child" -- it changes which part you're saying is more important)
7. Head Start 1965 (ages 3-5) and Early Head Start 1990s (age 0-3)
8. Developmental disabilities
9. Education for All Handicapped Children Act
10. Children who are second-language learners, don't speak English in an English classroom, this is also a special need

#### D. Least Restrictive Environment

1. Student should be placed with non-disabled peers. (Need to see typical development as role models.)

2. Goal of including all students with disabilities into their own school and community (want children to go to their neighborhood school, not bus them across town, important to be rooted in their local community)
3. Focus on integration but also allow for separation (maybe speech therapist does pull-out therapy but the child is in regular classroom the rest of the day)
4. All students should receive their education in general public classrooms
5. Focus on service delivery, responsive to the needs of each student (such as how Montessori individualizes the curriculum)
6. As much as possible, do not segregate children or their materials. If one child can't handle the sensory experience of fingerpainting, provide gloves for everyone if they want them. Don't just give gloves to this one child to single them out, and don't just tell the child not to fingerpaint.)

E. Services for children from 0-3

1. Individuals to be served
2. Labeling no longer required
3. Individualized Family Service Plan (IFSP) may include (depending on needs):
  - a) coordinated by service coordinator / case manager
  - b) special educators
  - c) speech / language pathologists
  - d) audiologists
  - e) occupational therapists
  - f) physical therapists
  - g) social workers
  - h) nutritionists
  - i) other professionals
  - j) classroom teacher or primary caregiver
  - k) family members (most important!)

- l) Meet together, set goals for the child and family, follow up at least once per year to see if they're making enough progress
- m) When taking care of children with special needs, it's not all on your shoulders as the classroom teacher. Look at all these team members who can help!

F. No Child Left Behind: Law P42

1. President George W. Bush (2001-2009)'s wife, Laura Bush, was a teacher who wanted to pass this law.
2. Focus on standardized testing to raise overall test scores in math and language. Pushed schools to do away with "extras" such as arts, music, physical education, etc. to make more time for math and language to try to catch up with other countries' test scores.
3. Results years later: did not work, scores did not improve. We know children learn from multi-sensory experiences in arts and physical activity. Rhythm in music is math. You're not meeting several of those multiple intelligences anymore. Full development requires all intelligences, not just math and language.
4. Every spring, public schools do testing to rank school districts on student performance. (The tests don't hold children back from moving onto the next grade next year. It's just to determine funding for the district for next year. It has nothing to do with the well-being of the child.) Because of this pressure, teachers have been told to teach to the test.
5. Multiple intelligences, problem-solving approach, conflict resolution, creativity, social skills, etc. are irrelevant here. Result of NCLB is teachers are teaching to the test, which is exactly the opposite of what we try to do in ECE. So frustrating!

## G. Prevention

1. Begins before conception: healthy moms and dads conceive healthier babies (no alcohol, no drugs in the system, good nutrition, age 20-39 ideally, etc.)
2. Prenatal care
  - a) In the US, on average moms go to the obstetrician in the 5th month of pregnancy, but everything is formed by then! It's too late! If you're under stress, blood pressure or blood sugar is high, drinking or using drugs, it's already affected the child by then.
  - b) Lots more tests, and more accurate, to determine if the child is going to have special needs. No test is perfect, but they're better now. Some people choose to terminate the pregnancy if the child has special needs. Even if they keep the baby, it can help to do your crying and use the time to educate yourself so you're prepared when the child is born.
  - c) Sometimes this conversation has broken up families. If mom wants to keep the baby and dad doesn't, dad sometimes walks out and doesn't come back.
3. During birth (natural delivery is healthier than being induced or having a C-section)
4. After birth
5. Secondary disabilities (ex: if you can't hear and it doesn't get caught, it can lead to language disabilities because you didn't hear language during the critical period)
6. Screening and diagnosis (can be difficult, but very important so we can catch it early as often as possible)
7. Childhood immunizations (ongoing discussion about autism connection to immunizations in recent years, now we've proven it's not linked, but there's still a group of children who didn't get vaccinated so measles and polio and

other diseases are going around again -- children are dying! When a parent decides not to immunize, they put their own child at risk and other people's children at risk. This is serious.)

8. Nutrition (Good nutrition is expensive! In other countries, fruits and veggies are the cheapest parts of the meal. Here, it's the most expensive part. Poverty-stricken families end up eating the wrong kinds of foods. See kids coming in with chips and soda for breakfast!)
9. Medicaid (Throughout the US, helps pay for comprehensive health care for poverty-stricken families. Problem is a lot of good doctors don't accept Medicaid patients because it doesn't pay enough and has too much paperwork. Hopefully will get better with Obamacare.)

H. Supporting healthy development: How can we support children and their families? What is our role as teachers? As advocates, what should we do? (Group discussion.)

1. Promote more active activities, more outdoor time at school. Give parents ideas of activities on weekends. Have a parent bulletin board or blog with links to active things they can do together on weekends.
2. Healthy eating advice. Do cooking projects, offer recipes for parents to follow up at home. Suggestion: have a basket of fruit at children's level, free access policy. (Remember these parents may have been raised on chicken nuggets and pizza, so they may not know any better. If they do know, they may still not have time or money to do more.)
  - a) Have a nutritionist visit the kids and/or parent group?
  - b) School policy about not bringing in junk.
  - c) Include portion size.

- d) Have a vegetable garden at school. If children take care of it, they're more invested in it, more interested in eating the results. (It tastes better home-grown too!)
  - e) Set up a "fruit bar" or "vegetable bar" buffet, set up beautifully, sorted by color, talk about different families/types of vegetables. Present it beautifully!
3. Bring in vision/hearing/language/etc. screenings if needed