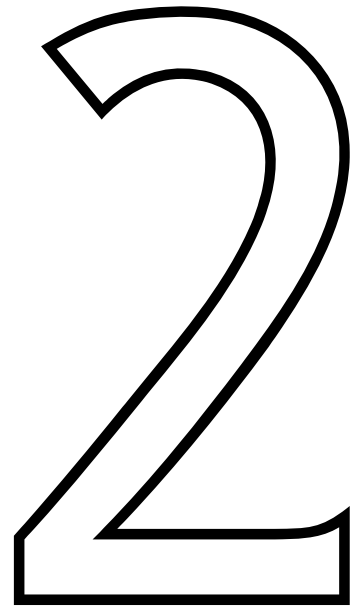


Service Guideline



Natural Environments

*Intervention guidance for
service providers and families*

January 2009
Revised

Acknowledgments

This guideline was developed by the Connecticut Birth to Three Natural Environments Task Force in 1997 and updated in 1999 and again in 2008. It is intended to assist the early childhood community to strengthen and support families whose children have disabilities by helping them to meet their children's needs in everyday typical routines and environments in the home and the community.

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CONNECTICUT BIRTH TO THREE SYSTEM MISSION

The Mission of the Connecticut Birth to Three System is to “strengthen the capacity of Connecticut’s families to meet the developmental and health-related needs of their infants and toddlers who have delays or disabilities” and to:

Ensure that all families have equal access to a coordinated program of comprehensive services and supports that:

- Foster collaborative partnerships
- Are family centered
- Occur in natural environments
- Recognize current best practices in early intervention
- Are built upon mutual respect and choice

“Providing services within activities that occur in the child and family’s home and community offers opportunities for the child to learn and practice new skills and participate more fully in his regular daily routine.” (*Connecticut Birth to Three Mission, 1996*)

INTRODUCTION

The Connecticut Birth to Three Mission acknowledges that the planning and delivery of supports and services are based on respect for the individual family and affords them choice in the program that serves them whenever possible. To achieve this, the Connecticut Birth to Three System has developed contracts with various programs throughout the state. The programs provide comprehensive services that adhere to the Federal Part C Regulations and reflect the current values for best practice in the field of early intervention. The System ensures that this is occurring with regard to natural environments by monitoring the federal requirement that interventionists provide “justification for any early intervention that cannot be achieved satisfactorily in a natural environment.” See page 13 for more information on justifications.

The Workgroup on Principles and Practices in Natural Environments (February, 2008) gives the mission of early intervention in natural environments as: Part C early intervention builds upon and provides supports and resources to assist family members and caregivers to enhance children’s learning and development through everyday learning opportunities. The Workgroup lists seven key principles regarding providing services in natural environments. They are:

1. Infants and toddlers learn best through every day experiences and interactions with familiar people in familiar contexts
2. All families, with the necessary supports and resources, can enhance their children’s learning and development.
3. The primary role of the service provider in early intervention is to work with and support the family members and caregivers in a child’s life.
4. The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect family members learning styles and cultural beliefs and practices.
5. IFSP outcomes must be functional and based on children’s and families’ needs and priorities.

6. The family's priorities needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.
7. Interventions with young children and family members must be based on explicit principles, validated practices, best available research and relevant laws and regulations.

These principles are supported by the information provided in this guideline. See Appendix 1 for the Workgroup's document that elaborates on the 7 key principles and lists the concepts underlying the statements.

NATURAL ENVIRONMENTS IN THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)

The text of P.L. 108-446, the Individuals with Disabilities Education Improvement Act (IDEA) Amendments of 2004, pertaining to natural environments under Part C follows:

SEC. 632. Definitions

As used in this part:

- 4) EARLY INTERVENTION SERVICES - The term "early intervention services" means developmental services that --
 - G) to the maximum extent appropriate, are provided in natural environments, including the home, and community settings in which children without disabilities participate; and

SEC. 635. Requirements for Statewide System

- (a) IN GENERAL - A statewide system described in Section 633 shall include, at a minimum, the following components:
 - (16) Policies and procedures to ensure that, consistent with Section 636(d)(5)
 - (A) to the maximum extent appropriate, early intervention services are provided in natural environments; and
 - (B) the provision of early intervention services for any infant or toddler with a disability occurs in a setting other than a natural environment that is most appropriate, as determined by the parent and the individualized family service plan team, only when early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment.

SEC. 636. Individualized Family Service Plan

- (d) CONTENT OF PLAN - The individualized family service plan shall be in writing and contain --

5) A statement of the natural environments in which early intervention services will appropriately be provided, including a justification of the extent, if any, to which the services will not be provided in a natural environment.

WHAT ARE NATURAL ENVIRONMENTS?

Natural environments are more than the *places* where children live, learn, and play. Natural environments are the *routine activities*, or *what children do*, as they participate in their everyday life at home and in the community. These routine activities have multiple, naturally occurring learning opportunities which, when designed according to the child's unique learning characteristics, promote child development. Many routine activities occur in the home, such as:

- playing with toys
- playing with siblings
- eating
- diapering
- reading stories
- taking a bath
- getting dressed
- folding laundry
- watching TV

Other routine activities occur out in the community, such as:

- going on family hikes
- participating in mommy and me classes
- eating at fast food restaurants (and playing in their play spaces)
- playing at parks
- visiting at neighbor's homes
- participating in neighborhood play groups
- attending church festivals
- visiting book stores and library story hours
- swimming at the local pool

There are other community-based routine activities that young children participate in without their families, such as those occurring in center- or family-based early care and education programs.

While there are routine activities common to many families, every child, family, and community is unique. What is a natural part of one family's routine may never happen in another family. Even when the same routine activity is identified by two families, what occurs during the routine activity will look different for each family. These natural environments represent each family's individual culture, family functions, and family priorities.

In the *ASHA Leader* (March 25, 2008), Juliann Woods describes the natural environments paradigm as not only a place or location but as a “consultation-based delivery of supports and services in which the (early interventionist) acts as a consultant, supporting the child and family...within their everyday activities and events. Natural environments does not mean that the therapist moves the clinic into the living room. Instead, the concept

includes the context for intervention, which is the child and family’s typical and valued activities and events, and includes parents, caregivers as partners in the child’s activities.” Using the natural environments model;

There will be MORE OF:

- Families describing the individual home and community routine activities that are a part of their lives.
- Interventionist using toys and materials found in the families home.
- Realization that principles of child learning development and family functioning apply to all children regardless of disability label
- Interventionists using authentic assessment information to design interventions.
- Intervention visits occurring within the home and community routine activities of the family.
- Birth to Three providers consulting with family members to use recommended strategies in between intervention visits.
- Birth to Three providers consulting with early care and education providers to use recommended strategies during the everyday activities of their programs.

There will be LESS OF:

- Birth to Three providers using routine activities common to most families without individualization.
- Interventionists bringing toy bags to home visits.
- Assuming that certain children, such as those with autism, cannot learn from their families through naturally occurring activities.
- Interventionists using decontextualized, standardized assessment information to design interventions.
- Intervention visits occurring in an activity designed by the interventionist and separate from the family’s home and community routine activities.
- Birth to Three providers working only and directly with the child using recommended strategies during the intervention visit.
- Birth to Three staff working directly with the child in early care and education programs or removing the child from these settings for individual “treatment.”
- Training families to be therapists or interventionists and expecting them to carve out time during the day for therapy

Clearly, natural environments refers to more than the location of services.

WHY NATURAL ENVIRONMENTS?

The goals of providing Birth to Three supports and services within natural environments are to ensure that: 1) a child with disabilities or developmental delays has the same opportunities as children without disabilities and 2) that families can work with their child

during the activities they enjoy every day to enhance the child's development, and 3) Children learn through participating in their everyday activities and meaningful experiences with their family and caregivers and 4) "Children learn through repeated interaction with the environment, distributed over time. Not in massed trials."

(Rappaport, McWilliam and Smith, Dunst, Kaiser & Trent, Fanselow & Tighe, Koegel, Woolery, Anthony, Caldwell, Snyder & Morgante). Research shows benefits to providing early intervention within the natural environments of everyday routine activities.

For example:

- *Children learn through repeated opportunities to practice emerging skills.*
When learning is embedded into a child's everyday routine activities, such as reading books or going for walks, there are multiple times each day and throughout the week for the child to practice and master the newly acquired competencies.
- *Children are more likely to utilize skills learned in natural environments.*
Since young children do not generalize well, they will be able to apply their newly acquired competencies in more functional, meaningful ways (e.g. dressing after bath time, eating at mealtimes, requesting toys during play) when they are taught in the settings where the skill will be used.
- *Family members identify the multiple learning opportunities that occur in their child's routine activities.*
Using the routine activities and learning opportunities identified by, and meaningful to, the family can increase the likelihood that they will use the recommended strategies since the activities naturally occur in their lives. This will in turn provide the repeated opportunities children need in order to learn.
- *Every child has an opportunity to participate in his or her community.*
Experiences such as attending a neighborhood child care program, going grocery shopping, and participating in a play group at a neighbor's home make it possible for a child with disabilities to learn how to interact in the community in which he or she is a member.
- *Children are more likely to learn appropriate and effective social skills.*
When children with disabilities participate in natural environments with their peers, they have the opportunity to learn by imitating, playing, communicating and socially interacting with their typically developing peers
- *All children learn to understand and accept differences.*
When children with disabilities participate in natural inclusive settings with their peers, children without disabilities benefit from playing and being with children who have disabilities.

NATURAL ENVIRONMENTS FROM REFERRAL TO THE IMPLEMENTATION OF THE INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)

Quality early intervention is a process that, from the beginning of a family's entry into early intervention, understands and supports the unique routine activities of the family and child. This process results in the development of strategies to enhance learning in natural environments. That is to say that the discussion of natural environments is not just about

locations where services are delivered, but the guide for determining when and how early intervention in a family's routine activities will be most effective. Some of the landmarks of the early intervention process are *referral, first contacts, assessment, IFSP development, IFSP implementation, and transition.*

Referral to the Connecticut Birth to Three System

Medical providers, social service agencies, and early care and education providers may be the first to discuss the Birth to Three System with a family. When referral sources understand and communicate to families that early intervention supports and services are embedded in families' naturally occurring routine activities, parents begin the Birth to Three process with accurate information. How referral sources discuss early intervention with families prior to first contact with Birth to Three is important because families may develop an expectation of what their child's intervention will look like based on this information.

The Birth to Three System strives to educate the entire community (families, referral sources, human service agencies, and early care and education providers) that the ultimate goal of early intervention in natural environments is to help caregivers know how to best help their child.

Additionally, early intervention should:

- support families in using strategies and making adaptations to their routine activities so that their child can learn throughout the day;
- offer developmental services that enhance a child's learning and participation in routine activities;
- provide services that complement rather than replace medical service delivery systems.

A Family's First Contact with the Birth to Three System

A family's first formal contact with the Birth to Three System is most often in a telephone conversation with a Child Development Infoline (CDI) intake worker. CDI staff are trained in the concepts of natural environments and reinforce these concepts when talking with families. After choosing a program, the family is in contact with a secretary, intake coordinator, or other staff member at a Birth to Three program, who also understands and reinforces the concepts of natural environments in the system.

With these systems in place, the Birth to Three provider's first face-to-face contact with a family can be used to provide more specifics on what to expect from early intervention visits. This first meeting can also be used to explore the family's priorities, resources, routine activities and learning opportunities, and the child's strengths and needs through

active listening and effective communication techniques. Birth to Three programs may choose to use the Routines-Based Interview to identify the families routines as well as to assist the family to understand the importance of the role they and their routines play in their child's development. Establishing this understanding from the very first contact is crucial to a good relationship with families and good child outcomes.

See Appendix 2 for more information on describing the Birth to Three model to families.

Assessment of the Child and Family

For most families entering Birth to Three the process is similar. It begins with referral and continues with evaluation, IFSP and then assessment although some assessment information is necessary to write an IFSP.

Once the child is determined eligible, an assessment is completed to identify the child's present abilities, strengths, and needs and the family's resources, priorities, and concerns to create an IFSP that fits the individual family. During the assessment, the service coordinator focuses on identifying the routine activities in which the child participates, and the learning opportunities that can occur there. For example, a child's routine may include playing with pots in the kitchen cabinet while family members prepare meals. In this example the initial assessment may identify learning opportunities in this setting, such as how he uses motor planning skills while playing with the pots, and what family members may do to encourage motor development. These learning opportunities build on the child's existing capabilities and what the family is already doing to support development.

Understanding family routine activities is critical to identifying when learning opportunities occur in various settings. Lunch time might be a good time to work on holding a spoon at the table since the one on one time between mother and child allows for focused attention. Dinner might be a better time to work on social communication as the entire family is naturally involved in conversation and can facilitate the child's learning.

The initial assessment for IFSP development cannot focus on the child alone because the team needs to learn about the events, interactions, and activities that occur naturally in the life of the family. As part of the initial assessment, the service coordinator may ask questions such as:

- Where does your child spend time?
- What are times during the day that you think are important times for your child to learn?
- What types of activities do you enjoy doing as a family?
- What seems to go well during the day with your child?
- What are difficult times during the day with your child?
- What are activities your child participates in outside of home?
- Does he spend time at a relative or neighbor's home?
- In an early care and education program or play group?
- What are activities you would like to participate in with your child?

Open ended questions will determine how the child is currently participating in activities, how the activity is structured and how the people interact with the child that facilitates or impedes the child's learning. Based on the assessment findings, strategies to support child learning and development within the routine activities are developed.

With permission, family and other team members discuss the resources, priorities, and concerns for the family in general (as opposed to their child's learning and development). Research has shown that family supports and well-being directly and indirectly influence child learning and development. The family assessment process should help identify what assistance the family needs so that they can participate in supporting their child's learning in his or her natural environments.

Tools such as The Routines Based Interview (RBI) may be used to get a true understanding of the child and family.

The RBI format "provides a systemic approach for understanding the family routines and the child's functioning within those routines." The RBI consists of questions and follow-up questions that elicit the family's daily routines and identifies with them where, within these routines, they are having difficulty with their child.

The resulting discussion helps the team determine priorities for intervention and ensures that the family can integrate strategies into their daily life.

Natural Environments and a Routine Based Interview (RBI)

One of the most powerful tools for conducting early intervention in natural environments is through the use of the Routine Based Interview or RBI. Performed at the beginning of a family's time in early intervention, preferably before the IFSP is written, the RBI allows the interviewer to get to know the family, assess family needs and set priorities with the family. More importantly, it allows the family to tell their story through the routines of the day. As the day unfolds, the richly detailed description of family life allows both the caregiver and interviewer to gain a much deeper understanding of what concerns this family most and what their priorities are.

So often in early intervention goals are written that reflect the deficits of the child and have little reflection on the daily life of the family. When asked, many families struggle to select an outcome and can only come up with vague, ambiguous goals, like "I want my child to talk" or "I want my child to walk." Early interventionists then come up with clinical sounding outcomes like this: Elizabeth will increase CVC usage while naming flashcards. Michael will walk three steps along a piece of tape.

Early intervention may be taking place in a child's natural environment, but to parents it simply looks as though therapy is being conducted in the living room instead of a clinic setting. Even the most well-meaning parents will struggle to participate in this kind of early intervention. Most would feel ill-equipped to join in to something that looks like therapy and has little or no meaning in their daily life. The process of the RBI uses a structure for families to determine for themselves what they want written on their plan. The process also helps the family prioritize their concerns, which helps everyone on the team focus on what's most important to the family. While the RBI may look to the casual observer like an informal conversation between a parent or caretaker and the interviewer, it actually follows a very tight structure.

The RBI lasts between an hour and a half to two hours and contains the following:

- * **Family Ecology.** Many interviewers begin RBI by letting the family know they are interested in the whole family, not just the child. An ecomap or genogram is one way to put down on paper the constellation of family, friends and others that make up a child's world. Ask families questions about who lives in the home or who they see on a regular basis. These questions can then be followed up with questions about how frequently they see or talk to these people or if these are people with whom they get along.
- * **General Concerns.** Each interview should begin by the interviewer telling the family the purpose of the RBI and some general housekeeping rules about the interview itself. For example, if any question makes them feel uncomfortable they can pass on answering. If they need water, or to know where the bathroom is this is a good time to ask. The first question of the RBI is: What are your main concerns for your child or your family right now?
- * **Home Routines.** Once the family has identified their main concerns the interviewer begins the process of walking them through their entire day. A good way to begin this process is to ask the question: "How does your day begin?" Parents may veer off into talking about how their child's day begins, or rush through their day. Slow them down and refocus them on their day, not their child. Within each routine (waking, dressing, eating, playing etc...) ask about the following: What is everyone else doing? How does the child participate? How independent is the child in this activity? What kinds of social relationships are revealed in this activity? How well is this activity working out for the parent?
- * **Other Community Routines.** If there is time in the interview, questions can be asked about going out into the community; shopping, visiting friends and family and church (if relevant).
- * **The Two Red-Hot Questions.** Once the parent and interviewer have walked through the whole day two questions are asked: "If you could change anything about your life what would it be?" And "What do you lie awake at night worrying about?"
- * **Review.** If two interviewers are involved in the RBI the second person typically is taking brief notes and marking those areas that sound like potential concerns or priority issues for the family. The review (typically done by the second interviewer) consists of going over the potential concern and checking with the parents to see if they were accurately captured. Then the family is asked to pick the concerns that they would like to work on.
- * **Setting Priorities.** From the list of concerns the family is asked to prioritize from most important to least. A thorough and comprehensive RBI will typically yield 6-10 outcomes.
- * **Next Steps.** Once you have a list of prioritized outcomes the RBI is completed. The outcomes still need to be incorporated into the IFSP by developing strategies and deciding on services with the team.

The outcomes that are developed through the RBI will have a more meaning to the family and will truly reflect what is most important to them. The family that vaguely responded with "I want my child to talk," before the RBI may have an entirely different outcome after. Instead of: "Elizabeth will increase CVC usage while naming flashcards," the new outcome may actually sound more like: "Elizabeth will

participate in transitions and new and unfamiliar activities by behaving appropriately by not having meltdowns. We will know she can do this by engaging in both transitions and new and unfamiliar activities without a tantrum four days a week for three consecutive weeks.

By exploring the content of an ordinary day in the life of a family, the early interventionist will encounter a richly detailed description of a child's natural environment. This treasure trove of information will yield meaningful outcomes that make sense to both the family and the early intervention team. But most importantly it will lead to a much fuller engagement and participation in Birth to Three by the families.

Research supports the need to conduct child and family assessments in an ongoing and dynamic process, not limiting assessment to one time administration of standardized tests. Ideally, the assessment should be done as a conversation with information obtained through open-ended questions guiding the discussion.

Development of the Individualized Family Service Plan (IFSP)

The IFSP is the document that translates what was learned from the child's and family's assessments into a written plan that guides the family, their support system, and the Birth to Three program in the implementation of a program of supports and services.

If the RBI is used it should result in 6-10 functional goals, prioritized by the family for the IFSP. The IFSP team then identifies supports and service options, for addressing those goals.

Identifying family priorities and child outcomes:

The IFSP team, including the family, describes and records in the IFSP the outcomes they expect to achieve for their child and, with permission, their family. These outcomes include the criteria to determine the degree to which progress is being made in achieving these outcomes. The IFSP team should assist the family in identifying the routine activities where the Birth to Three program can support the family in facilitating, enhancing, or ensuring the quality of their child's participation in his/her natural environments.

For the routine activities identified in the assessment process, the family can describe what they see as the learning opportunities available. This results in identification of the routine activities where intervention can occur and the outcomes that can be addressed there. For example:

The Birth to Three service coordinator asked Mr. and Mrs. Gatani what they thought Lucy could learn while she was getting dressed, one of the routine activities they identified during the assessment. Mrs. Gatani thought that she could choose which clothes she wanted to wear and identify the types of clothes she was putting on. Mr. Gatani thought that, since Lucy was beginning to insist on doing things for herself, she could help put her clothes on and ask for help when she needed it. The service coordinator asked Mrs. Gatani why she thought choosing clothes was a learning

opportunity for Lucy. She said that, like her husband, Lucy might like to make decisions for herself and maybe she would communicate those decisions. The family and service coordinator then created the IFSP outcome: "Lucy will participate in getting dressed by choosing and naming her clothes and helping put on her clothes so that she can be independent and do things for herself." The service coordinator reiterated that, since there are multiple opportunities for communicating, her language development would be addressed through this routine activity. The team then discussed other routine activities where language development could occur.

The IFSP team, including the family, articulates and records in the IFSP what the family wants their child to be able to do in the future. The IFSP team must then develop smaller, measurable steps to reach the outcome. The IFSP team must discuss with the family how they will know when their child's outcomes have been satisfactorily achieved; that criteria is included in the objectives.

Once the family has identified the outcomes for their child and understands how they will know when the outcomes have been achieved, strategies are developed through a collaborative process between parents and other team members. The strategies must support the child's and the family's ability to achieve the outcomes and increase the child's functioning in routine activities. The strategies should be individualized to the child's unique learning characteristics and what the routine activity looks like.

The decision regarding what services will be provided occurs only after the development of outcomes and strategies. The early intervention literature recommends that supports and services are designed to support the family in using the intervention strategies in between visits. Providers should "coach" families on strategies included in the IFSP.

It is an incorrect assumption that hands-on therapies are only delivered in medical or rehabilitation settings. In fact, there may be a variety of reasons that early intervention personnel must touch and handle the child.

As described in the IDEA, to the maximum extent appropriate, early intervention services must be provided in the family's natural environments. Services must be provided where the child lives, learns, and plays in order to increase the likelihood that the skills learned will be functionally relevant to the child's natural environment and that the child will practice the skill multiple times throughout the day and week. The overriding consideration in selecting where services are provided must be determined on an individual basis.

It is the parents' prerogative to enroll their child in an early care and education setting or to keep their child at home. However, federal policy precludes the delivery of early intervention services to a child in a setting that includes only children with disabilities, even if that is the setting chosen by the parents.

If the IFSP team identifies a child outcome around participating in a peer group, and the child is currently not participating in a group setting, the IFSP team, including the family, collaborates to identify a peer group opportunity that fits what the family is interested in,

such as enrolling in early care and education, getting together with neighbors with children of similar age, or joining a parent-child playgroup. As with any other routine activity, the IFSP team is responsible for supporting the child's participation and interaction with other children in the peer group activity.

What to Do if the IFSP Team Discovers that an Outcome Cannot be Met in a Natural Environment

In almost all cases, the Individualized Family Service Plan process outlined above will result in Birth to Three supports and services that are embedded in the child and family's routine activities. IDEA allows the team to determine that settings other than natural environments be used only when the outcomes cannot be met by providing supports and services in natural environments. In those few cases where the team decides that it is impossible to meet an outcome in natural environments, it will usually be after the team has attempted to achieve the outcome in a natural environment.

The IFSP form requires a "justification for early intervention that cannot be achieved satisfactorily in a natural environment." In filling out the justification, the IFSP team must:

1. Explain how and why the IFSP team determined that the child's outcome(s) could not be met if the supports and services were provided in the child's natural environment. If the child has not made satisfactory progress toward an outcome in a natural environment, the explanation must include a description of why the alternative natural environments have not been selected or why the outcome has not been modified;
2. Explain how services provided in this location will be generalized to support the child's ability to function in his/her natural environment; and
3. Develop a plan with timelines and the supports necessary to allow the child's outcome(s) to be satisfactorily achieved in his or her natural environments.

IMPLEMENTATION OF IFSP SUPPORTS AND SERVICES IN NATURAL ENVIRONMENTS

Once the IFSP is developed, the intervention team implements the plan within the natural environments identified on the IFSP. Provision of Birth to Three supports in natural environments considers both the *context* of the intervention visit as well as the *process* of the visit. For both aspects, the focus of the intervention visit is on supporting the family and other caregivers in using the strategies recommended to promote child learning and development in between intervention visits when the identified routines occur.

Intervention Context.

Intervention visits occur within the natural environments that the family identified as containing important learning opportunities for their child. By doing so, the Birth to Three provider can support the family in the routine activity (i.e., natural environment) as it currently happens, and provide recommended strategies that can be embedded into the activity to promote child learning and development. Using the context in which the family will use the recommendations means that:

- The Birth to Three provider understands the context in which the family will use the strategies. These contextual characteristics might facilitate or impede the family's use of the strategies and can be enhanced or addressed during the intervention visit.
- The family and the Birth to Three provider collaborate on how best to embed strategies based on the characteristics of the context.
- The Birth to Three provider supports the family in using the strategies within the routine activities in which the family will use them in between visits. Problem solving and modifying strategies can occur.

By using the routine activities as the context of intervention visits, families can feel more confident and competent in using the strategies in between visits because the strategies are tailored to, and adjusted for, the families routine activities.

Intervention Process. The focus of early intervention in natural environments is so that families feel confident and competent in using recommended strategies that promote their child's development within the routine activities. To do this, Birth to Three providers ordinarily use consulting or coaching strategies so that, at the end of the visit, both the Birth to Three provider and the family know that the family can and will use the strategies in their routine activities. Consulting and coaching methods focus on providing the family with the skills to use the strategies, rather than the Birth to Three provider directly working with the child.

Some aspects of consulting and coaching are:

- The Birth to Three provider uses adult learning principles to facilitate the family's confidence and competence in using the recommended strategies.
- The Birth to Three provider and family discuss how the recommended strategies could meet the family's outcomes pertaining to their child's learning and development.
- The Birth to Three provider models for the family how to use the recommended strategies. Modeling includes demonstrating the strategy and talking about how the strategy is being implemented and the resulting effect on child learning and behavior.
- The Birth to Three provider and family have open communication around questions, thoughts, or reservations in using specific strategies.
- The family member tries out the recommended strategies during the intervention visit. The Birth to Three provider and family can provide feedback and modify as needed.

When the intervention process centers on supporting the family's use of recommended strategies in between home visits, the intervention team, including the family, can be more confident that the family can and will use the strategies in between visits, providing multiple opportunities for child learning and development throughout the day and week.

NATURAL SUPPORTS FOR FAMILIES

A focus of early intervention with families of infants and toddlers is to increase the family's competence and confidence in meeting the needs of their child. The Birth to Three System works with the Family Support Network of the Family Support Council to provide supports to help families to thrive within their communities:

Birth to Three providers, in collaboration with the family support network, should support families in meeting family-level, in addition to child-specific, outcomes. Through IFSP development, Birth to Three providers can identify and link families with resources available to families in their community that can assist in meeting their needs. Some of these resources may be disability specific, but there are multiple community resources that meet the needs of all families, regardless of their child's developmental status. Birth to Three programs can keep an updated resource file of potential sources of community support for families to access to meet their needs or assist the family with contacting their regional family support liaison.

As Birth to Three providers support families in meeting their needs, service coordinators should consider the potential of informal supports, as well as formal supports. Research has shown that informal supports, such as family, friends and neighbors, yield positive benefits for family well-being, parent functioning, and child outcomes (Dunst, 2000). Service coordinators can collaborate with families in identifying and utilizing the informal supports available to the individual family.

THE ROLE OF BIRTH TO THREE IN COMMUNITY SETTINGS (Support versus Direct Service)

For most families, some of the everyday routine activities for their infants and toddlers occur outside of the home. Formal and informal activities in the community can be sources of learning opportunities just like those that occur in the home. Informal community activities include playing at the playground, taking a walk to and talking about the construction in the neighborhood, or swimming in the neighborhood pool. Formal community activities include child care programs, baby gym classes, and library story hour. Whether these community activities occur with family members or community providers responsible for children's care and development, these activities should be considered when planning the IFSP. Birth to Three providers can embed intervention strategies into community routine activities to promote child learning and development just like they use the routine activities in the family's home.

When Birth to Three supports and services are provided in the daily lives of families in their homes and their community, the Birth to Three System will be seen as a resource for the community and understood as a support program versus a direct service program. When early intervention supports and services are provided in community-based early care and education programs, Birth to Three providers should ensure that early care and education providers understand the interventionist's role as a consultant or coach to the community provider, as opposed to the specialist who "works with" the child in the program. Interventions should fit the routine activities of the community-based program so that the child can fully participate, promoting learning and development. This occurs when the early care and education providers and the Birth to Three providers collaborate through brainstorming and problem solving. Birth to Three providers should be considerate

of the structure of the early care and education program, and the responsibilities of the providers, including meeting the needs of all the children in the program. This may mean meeting at separate times for collaboration. The Birth to Three provider may consult with or coach the early care and education providers when the children are present to facilitate the acquisition of strategy use, and collaborate at other times to plan and discuss how well it went, answer questions, and address reservations of the early care and education providers.

Children may already be participating in community activities or families may be interested in finding new community experiences in which their child can participate. Community mapping is one way Birth to Three programs can identify potential new routine activities in the community. Community mapping is a process of generating a resource library of potential activities in a particular community. Dunst and colleagues (Dunst, Herter, Shields, & Bennis, 2001) identified the following steps to mapping a community:

- Brainstorm the types of activities that could provide learning opportunities. Consider both formal and informal activities.
- Contact people and visit places where information about community activities can be accessed.
- Create a database of activities, including contact information and the kinds of activities that are available.
- Use a map to illustrate where these different activities are located so families can determine which activities are feasible.

Once Birth to Three programs create a common community map, Birth to Three providers and family members can identify community activities that fit a particular family and their goals. While the community map will be individualized for each family, the program's resource list can help to stimulate thinking and generate awareness of activities they might have overlooked. In some areas of the state, Local Interagency Coordinating Councils (LICCs) might be a major source of community linkages.

Birth to Three providers can actively affiliate with and participate in the activities of local Associations for the Education of Young Children chapters (NAEYC), School Readiness Councils, Family Resource Centers and other formal and informal local networks that focus on all young children. Providers can also develop partnerships with neighborhood and community groups whose focus is on making sure that families have opportunities for community participation.

TRANSITION FROM BIRTH TO THREE SERVICES

Part C of the Individuals with Disabilities Education Act (IDEA) requires that the families of children leaving the Birth to Three System participate in a transition planning meeting where a written Transition Plan is developed. For many children, this will occur in preparation for their third birthday or sooner if the child no longer requires early intervention supports and services.

Whether the family transitions into preschool special education or not, the transition plan prepares for addressing the family's expectations around their child's learning and participation in routine activities that are currently occurring, or any new activities the

family may be considering. For example, with their child turning three years old, the family may feel it's time for the child to have a more formal group experience with children his own age, where as before three years they were interested in informal activities with other children. The transition plan would include steps and strategies for identifying the type of experience the family wants for their child, and supporting that community setting in working with the child and family.

In addition to child specific needs, there may continue to be important family outcomes that were identified and addressed in early intervention. An example of an ongoing need may be navigating the insurance system for their child's medical needs. The transition plan should include connecting the family with community resources that can support them in the attainment of family outcomes.

TRANSITION TO PRESCHOOL SPECIAL EDUCATION AND RELATED SERVICES

IDEA 2004 mandated additional collaboration opportunities between early intervention and preschool special education services to facilitate the transition between programs. The legislation states that, "an invitation to the initial IEP meeting shall, at the request of the parent, be sent to the part C service coordinator or other representatives of the part C system to assist with the smooth transition of services" (Sec. 614(d)(1)(D)). In addition, the legislation further states that "the IEP Team shall consider the individualized family service plan" (Sec. 614(d)(2)(B)) when designing the initial IEP. These new aspects of IDEA reinforce the expectation that the early intervention and preschool special education programs will work together during the transition process to best meet individualized needs.

When a service coordinator has been working with the family all along to identify their child's routine activities and has been assisting the family to build on their competencies and use natural supports, then planning for exit from Birth to Three should result in a minimal sense of loss and uncertainty for the family.

NATURAL ENVIRONMENTS AND CHILDREN WITH AUTISM SPECTRUM DISORDERS, COMPLEX MEDICAL NEEDS, OR SENSORY IMPAIRMENTS

Providing supports and services in natural environments to families of children with autism spectrum disorders (ASD), complex medical needs, or sensory impairments can present special challenges. The same is true for children with similar disabilities or those who have not yet been formally diagnosed with these disorders. (The autism spectrum includes PDD and autism. Sensory impairments include significant hearing impairments, and significant visual impairments.) These challenges include the following:

- Parents may feel the family support emphasis of the natural environments philosophy detracts from the need for intensive child focused interventions;
- Some treatment models stress individualized instruction, which families may equate with intervention outside the child's everyday routine activities;
- Families may be concerned that interventions in routine activities prevents them from contact with other families of children with similar needs;

- The unpredictable nature of community settings may make it difficult for children to participate;
- Early care and education providers, and others in the community, may have little or no experience with children with these disabilities and have difficulty understanding their characteristics;
- Families of typically developing children who participate in community settings may be uninformed about a child's behaviors and worry about the impact on their child;
- Children may need extensive and ongoing diagnostic testing from medical or other specialists in ways that interrupt the everyday routine activities of the family.

While services for children with these disabilities, like other children with disabilities, need to be individualized and carefully planned, it is not necessary to segregate these children from everyday family life for early intervention. Support by Birth to Three providers should recognize the family's need for the child to participate in various home and community settings. The role of early intervention is to provide recommendations on how to promote child engagement, participation, and learning within those settings. The advantage of not creating settings specific to disabilities is that the child will not have to go through the confusing experience of transferring skills back into the routine activities of his or her life. For further information on serving children with specific disabilities or delays see the Connecticut Birth to Three System's Guidelines on the following topics:

- # 1 Autism Spectrum Disorders
- # 3 Children Referred for Speech Delays
- # 4 Infant Mental Health
- # 5 Young Children Who are Hard of Hearing or Deaf
- # 6 Nutrition
- # 7 Children with Complex Medical Needs
- Assistive Technology

Just like all families, families of children with specific disabilities need to be engaged in interventions in a meaningful way. Professionals who demystify the work they are doing for parents create a relationship that helps parents recognize they have the capacity to meet their child's needs.

Children with Autism Spectrum Disorders

The Connecticut Birth to Three System *Service Guideline 1: Autism Spectrum Disorders* recognizes the need for interventions of children with ASD to occur in multiple home and community routine activities and support to families in using strategies that promote engagement and participation throughout the day. Since children with ASD may experience difficulties in community settings, Birth to Three providers must be planful that child participation in community settings occurs in a way that assures the desired outcomes are being enhanced in that setting. This is especially true for children with significant social and behavioral issues. Since social learning opportunities are often essential for the overall development of children with ASD, it is important to develop plans that create social learning opportunities where those opportunities naturally occur for that child, and that Birth to Three providers who support child participation in these settings

have expertise and training in the field of ASD. Birth to Three providers need to be skilled in assuring that the interventions provided are not isolated from the family.

Families and providers are referred to the Connecticut Birth to Three System *Guideline 1: Autism Spectrum Disorders*

THIRD PARTY REIMBURSEMENT FOR PROVIDING SERVICES IN NATURAL ENVIRONMENTS

Connecticut General Statute 17a-248g requires Birth to Three programs to seek reimbursement from third party payers prior to claiming reimbursement from the Birth to Three System. To accomplish this, each child's IFSP is reviewed and signed by the child's primary physician. With parental/guardian permission, the program follows the steps necessary to access third party reimbursement.

There may be concerns that serving children in natural environments will adversely affect a program's ability to file insurance claims. First and foremost, Birth to Three providers develop a service plan that meets the identified needs of the child within the framework of best practice and is understandable to the parent. Sections 38a-490a and 38a-516a C.G.S. require insurers to pay claims for services that they would normally cover. Each insurance plan follows their own guidelines regarding medical necessity in determining whether or not they will pay for a service. While Birth to Three providers must actively pursue insurance reimbursement for services, these services are delivered irrespective of whether insurance will reimburse for services. Birth to Three System administrators work with insurance companies to help them understand the nature and scope of services delivered by Birth to Three programs and to encourage insurers to reimburse for services that address the child's health and developmental needs.

ACCOUNTABILITY and MONITORING

The Birth to Three System ensures that programs are providing services in natural environments as part of the focused monitoring system (See the Birth to Three System's IDEA Part C Accountability and Monitoring Manual for more information) and through parent surveys that are distributed and analyzed annually.

The following are examples of outcome and process questions that are asked of parents to identify whether the outcome was present for them and if the program had a process in place to insure the outcome for the family.

- During the initial evaluation did you receive information about other resources/services in your community?
- Did the family decide how their services and supports would be provided?
- Has the organization designed and initiated a process that provides the families information about the benefits of interactions with children in typical settings?
- Is the family involved in the community to the extent they would like to be?
- Has the organization designed and initiated a process that informs families of opportunities, determines the interests and offers support desired?
- Does your child spend time with children who do not have developmental delays?

- Has staff ever ask you about the extent of your natural supports?
- Has the organization designed and initiated a process that will promote the formation or continuation of natural support networks for the family?

QUESTIONS AND ANSWERS

Questions Providers Ask

Q. Provider: *Is “natural environment” equated with the child’s home?*

A. A child’s home is one natural environment. Natural environments are also the routine activities that make up an individual child’s life. These routine activities can occur in the home, as well as in the community. Each family identifies their own routine activities and therefore their own definition of natural environment.

Q. Provider: *Can’t the home visit happen in one place, like playing with toys on the living room floor, and then the family members carry over the strategies into their routine activities?*

A. Conducting the home visit in the routine activities in which the family will use the strategies ensures that the strategies are appropriate for the specific routine activities, and that both the family and the Birth to Three providers feel comfortable and confident the family can use the strategies within those specific activities.

Q. Provider: *The family is interested in embedding strategies during bath time, which usually occurs in the evening. Why couldn’t we move bath time to the morning when my visits occur?*

A. Moving a routine activity to another time of day to accommodate the Birth to Three provider’s schedule does not allow the provider to see the routine activity as it normally occurs. For example, the child may be tired in the evening when bath time regularly occurs, rather than fresh as in the morning time of the scheduled visit. There may be only the child and one parent home during the day while in the evening the parent might be balancing the needs of the entire family who returned home from work and school.

Q. Provider: *Can I bring toys and other materials into the home to use with the family?*

A. When you bring toys and other materials into the home, and then leave with those materials, the family is left without the materials that were used to successfully implement the strategies. Birth to Three providers are encouraged to be creative with what is occurring in the routine activities to meet the IFSP outcomes. However, materials that are brought into the home as adaptations to the routine activities (e.g., suction cup bowls), and given to the family, can enhance the child’s participation in the routine activity and would be suitable outside materials.

Q. Provider: *I use materials in the home to conduct the visit. Does that create a natural environment?*

A. Birth to Three providers are encouraged to use materials available in the home when

creating intervention strategies. However, simply using materials in the home, but outside the context of the family's everyday life, does not meet the description of natural environments as the routine activities of the family.

Q. Provider: *What if families do not want to participate in the intervention?*

A. Families are more likely to participate in early intervention when 1) they understand why they are expected to participate, 2) interventions address their priorities and outcomes, and 3) interventions are integrated into the routine activities. Birth to Three providers can reflect on their intervention practices to determine if these aspects are in place during the visits.

A parent may feel shy about doing an activity with their child in front of the provider and may prefer to watch until they feel more comfortable. The provider should explain from the beginning the importance of the parents participation and encourage them until they feel comfortable modeling the techniques they use with their child during their daily routines.

Q. Provider: *Isn't it a little bit naive to think that all community settings offer quality services and supports to young children and their families?*

A. The variable quality of supports and services available is a concern of all parents with young children. Quality, community-based settings are safe, nurturing, encourage child development, and are accessible to the child and family. With the help of a service coordinator, a family may have better information about how to judge the quality of a setting than families who do not have that support. Birth to Three providers can be an asset in helping early care and education providers address the developmental needs of all children. If a selected location is inappropriate to meet the outcomes identified in an IFSP, the team, including the family, should problem solve to identify how to meet the family's needs.

Q. Provider: *How do I work with early care and education providers to use intervention strategies when they have so many children to consider?*

A. Just like a family's home routine activities, Birth to Three providers must take into consideration the characteristics of the community-based routine activity, and identify strategies that promote the child's learning and development within that context. Birth to Three providers should work collaboratively with early care and education providers to determine strategies that will enhance the individual child's development as well as meet the needs of all children in the group setting and the other responsibilities of the early care and education provider.

Q. Provider: *The early care and education provider does not seem to understand that I am supposed to consult with her, not work directly with the child. What should I do?*

A. Just like families entering the Birth to Three System, early care and education providers may not understand the role of Birth to Three providers as resources versus direct service providers. Open communication throughout the entire intervention process

is necessary so that all team members, including the early care and education provider, agree with and participate in the plan.

Q. Provider: *The mission statement talks about “choice” as well as about natural environments. What if a family wants to choose a specialized setting for Birth to Three services?*

A. The mission statement also values “best practice” which discourages us from offering choices in isolated clinical settings that research has suggested are less effective than the use of natural environments. Service coordinators need to make sure that families understand that supports and services are available in a variety of home and community routine activities. The federal government has made it clear that one aspect of “choice” is that Birth to Three services are voluntary. Should families desire segregated services they are free to choose them, but the family needs to understand that they have chosen a service *other than* Birth to Three. The federal government does not allow the Birth to Three System to deliver services in those settings based on family choice.

Q. Provider: *What do I do about staffing issues when parents want services delivered during weekend or evening activities, e.g. Sunday School?*

A. Although Birth to Three providers also have families and need their own personal time, it is not unreasonable to expect that there will be instances where the most effective way to address an IFSP outcome will be during evenings and weekends. When designing the IFSP, one aspect of choosing an interventionist may be someone who is willing to provide an intervention visit at the time of the routine activity. However, there may be strategies that would minimize the amount of time the Birth to Three staff person would need to spend at the Sunday School class, such as discussing with the Sunday School teacher about the class’ routine activities. Birth to Three providers must consider whether an observation of the context as it happens, such as Sunday School when the other children are there and the child is separated from his parents, is needed, and what level of support is required for the adults (i.e., Sunday School teacher) to feel confident and competent in using recommended strategies.

Q. Provider: *How do you handle families with chaotic homes and lots of siblings? It is difficult to address the child’s needs in this type of home.*

A. It may be difficult to meet a child’s developmental needs in a chaotic or difficult home environment, but this is the context in which the child learns and develops, and where the family will use the strategies in between visits. Interventionists must truly understand the rationale behind natural environments from a developmental perspective to effect change. If the family identifies an outcome around addressing certain needs, service coordinators can facilitate the family connecting with needed supports.

Q. Provider: *How can I get all this information about the family’s routine activities and learning opportunities to develop this plan when I’ve just met them and I’ve got a million other questions and forms for them?*

A. Because the process of developing the family’s plan requires a relationship between the family and provider, the initial IFSP meeting may be awkward and in some ways incomplete. Service coordinators are encouraged to write short term plans rather than rush through assessments and IFSPs in order to get services in place. The first contacts, evaluation, and assessment phases of the Birth to Three experience will determine whether a family will expect provider-designed services or supports embedded in the routine activities that occur in the child’s and family’s lives. Rushing through these first steps to get to “services” will be detrimental.

Questions Parents Ask

Q. Parent: *How can I tell if a place where Birth to Three services are provided is a natural environment?*

A. It is easy to get stuck on the notion of natural environments as simply places or locations. Routines that are part of the everyday lives of children and families take place in a large variety of places within the home, with extended family members, in the car, at child care sites, and in the community. Birth to Three providers may interact regularly or occasionally with a child and family at any of these kinds of places in order to enhance learning. The question you can ask is, “Is the activity my child is doing a regular part of our family’s life or something that we want our child to begin doing as a regular part of our family’s life?” If the answer is, “yes,” then it is a natural environment.

Q. Parent: *How am I supposed to know what learning opportunities are available in my routine activities? Shouldn’t the Birth to Three providers tell me that?*

A. The Birth to Three providers are the experts on child development and children with disabilities in general. However, you are the expert on your child, the routine activities that occur in your family’s life, and what’s most important to your family regarding your child’s learning and development. Therefore, the Birth to Three providers need your expertise to identify your family’s routine activities and the potential learning opportunities (i.e., outcomes) for your child in those routine activities. The Birth to Three providers can then use their expertise to identify the steps (i.e., objectives) and strategies for achieving those learning outcomes.

Q. Parent: *Why do I need to participate in intervention visits? Those visits are the only time I can take a shower.*

A. The amount of time Birth to Three providers spend with you and your child is minimal compared to the amount of time you spend with your child when recommended strategies can be used in everyday life. Using recommended strategies in between visits provides multiple opportunities for your child to learn. Intervention visits provide the opportunity for you to learn the strategies recommended by the Birth to Three provider. The Birth to Three program also supports families in areas that might get in the way of supporting their child’s development. For example, if you feel you don’t have any free time to even take a shower, which can be very stressful, the service coordinator can work with you in identifying ways to meet that need, such as finding babysitters, neighbors who can trade caretaking, or more formal respite services.

Q. Parent: *The Birth to Three provider is the specialist. How am I supposed to do what the interventionist is trained to do?*

A. If you think about it, you can probably identify many ways you already help your child learn and develop. It is a natural part of being a parent. The Birth to Three provider can help you continue to do that by providing specific strategies that are tailored to your child's unique learning strengths and needs. As you collaborate with the interventionist, you should feel comfortable discussing any questions or concerns you have in using the recommended strategies. By having this conversation, you can determine as a team if the strategies recommended should be modified, or if a new strategy should be identified.

Q. Parent: *How can I be sure my child is receiving professional services at our community gymnastics program?*

A. As a parent, you are a part of the Birth to Three team working to meet the outcomes in the IFSP. As you work with your child at a community program, your interventionist, who meets the personnel standards of the Birth to Three System, will help you use strategies during those activities to meet your child's goals and needs. You may share these ideas with the gymnastics teacher or, with your permission and the teacher's willingness, the interventionist can work directly with the gymnastics teachers as part of the IFSP.

Q. Parent: *What about a public hospital?*

A. Hospitals, clinics, rehabilitation centers, early intervention classrooms, or other places where only early intervention or medical services are provided are not considered natural environments because they are not a part of families' everyday home and community life. Sometimes these locations are well suited for a specialized evaluation or a single visit, but they would usually be inappropriate for ongoing services. Some specialized medical needs may be addressed in these settings but in most cases these would be medical services rather than the developmental services that are provided in the Birth to Three System. If early intervention services were delivered in any of these locations, the procedures for justifying use of other than a natural environment must be documented and indicated on the IFSP.

Q. Parent: *How can I be sure my child with complex medical needs gets all the therapies she needs in a natural environment?*

A. Use of natural environments should not affect the frequency or intensity of services your child receives. Your early intervention professional is more likely to introduce strategies that will be functional in the routine activities of your child's life during the many hours of the week that she is not receiving services. Your service coordinator should help you locate any long term nursing or respite services you may need and work with you on identifying sources of payment for them. Children with complex needs sometimes receive inpatient or outpatient medical or rehabilitative services in addition to the developmental supports and services available from the Birth to Three System. Parents may consult with their health care provider about these services. For more information see Guideline # 7, Children with Complex Medical Needs.

Q. Parent: *If natural environments are the best place for my child, will my Birth to Three provider pay for my child to attend an early care and education program?*

A. No. It is not the intent of the Birth to Three System to create natural environments for children but to utilize those environments which are natural for your child. If your family is interested in having your child participate in an early care and education program, your service coordinator can help you identify the best one to fit your needs, as well as potential payment sources.

Q. Parent: *My child has special health care needs. How can I be sure that she will receive her medications in a community setting?*

A. Birth to Three staff have an important role in helping parents assure that children's special health care needs are addressed in community settings. If a child was about to begin participating in an early care and education setting where the parents would not be present, the service coordinator might arrange some training sessions for early care and education providers where issues around medications were discussed. A Birth to Three provider might come with the child the first few days and stay while medications are administered to make sure the early care and education providers were comfortable with the procedures and make it a point to continue to drop in around medication time if this continued to be a parent's concern. Parents and service coordinators could work with medical providers to simplify medication schedules and routines so they are not unnecessarily limiting the child's participation in community life.

Appendix 1

Workgroup on Principles and Practices in Natural Environments (February, 2008) *Seven key principles: Looks like / doesn't look like*. OSEP TA Community of Practice- Part C Settings.

Seven Key Principles: Looks Like/Doesn't Look Like

1. Infants and toddlers learn best through every day experiences and interactions with familiar people in familiar contexts.	
Key Concepts	
<ul style="list-style-type: none"> ▪ Learning activities and opportunities must be functional, based on child and family interest and enjoyment ▪ Learning is relationship-based ▪ Learning should provide opportunities to practice and build upon previously mastered skills ▪ Learning occurs through participation in a variety of enjoyable activities 	
This principle DOES look like this	This principle DOES NOT look like this
Using toys and materials found in the home or community setting	Using toys, materials and other equipment the professional brings to the visit
Helping the family understand how their toys and materials can be used or adapted	Implying that the professional's toys, materials or equipment are the "magic" necessary for child progress
Identifying activities the child and family like to do which build on their strengths and interests	Designing activities for a child that focus on skill deficits or are not functional or enjoyable
Observing the child in multiple natural settings, using family input on child's behavior in various routines, using formal and informal developmental measures to understand the child's strengths and developmental functioning	Using only standardized measurements to understand the child's strengths, needs and developmental levels
Helping caregivers engage the child in enjoyable learning opportunities that allow for frequent practice and mastery of emerging skills in natural settings	Teaching specific skills in a specific order in a specific way through "massed trials and repetition" in a contrived setting
Focusing intervention on caregivers' ability to promote the child's participation in naturally occurring, developmentally appropriate activities with peers and family members	Conducting sessions or activities that isolate the child from his/her peers, family members or naturally occurring activities
Assuming principles of child learning, development, and family functioning apply to all children regardless of disability label	Assuming that certain children, such as those with autism, cannot learn from their families through naturally occurring learning opportunities

2. All families, with the necessary supports and resources, can enhance their children’s learning and development.

Key Concepts

- All means ALL (income levels, racial and cultural backgrounds, educational levels, skill levels, living with varied levels of stress and resources)
- The consistent adults in a child’s life have the greatest influence on learning and development-not EI providers
- All families have strengths and capabilities that can be used to help their child
- All families are resourceful, but all families do not have equal access to resources
- Supports (informal and formal) need to build on strengths and reduce stressors so families are able to engage with their children in mutually enjoyable interactions and activities

This principle DOES look like this	This principle DOES NOT look like this
Assuming all families have strengths and competences; appreciating the unique learning preferences of each adult and matching teaching, coaching, and problem solving styles accordingly	Basing expectations for families on characteristics, such as race, ethnicity, education, income or categorizing families as those who are likely to work with early intervention and those who won’t
Suspending judgment, building rapport, gathering information from the family about their needs and interests	Making assumptions about family needs, interests, and ability to support their child because of life circumstances
Building on family supports and resources; supporting them to marshal both informal and formal supports that match their needs and reducing stressors	Assuming certain families need certain kinds of services, based on their life circumstances or their child’s disability
Identifying with families how all significant people support the child’s learning and development in care routines and activities meaningful and preferable to them	Expecting all families to have the same care routines, child rearing practices and play preferences.
Matching outcomes and intervention strategies to the families’ priorities, needs and interests, building on routines and activities they want and need to do; collaboratively determining the supports, resources and services they want to receive	Viewing families as apathetic or exiting them from services because they miss appointments or don’t carry through on prescribed interventions, rather than refocusing interventions on family priorities
Matching the kind of help or assistance with what the family desires; building on family strengths, skills and interests to address their needs	Taking over and doing “everything” for the family or, conversely, telling the family what to do and doing nothing to assist them

3. The primary role of the service provider in early intervention is to work with and support the family members and caregivers in a child’s life.

Key Concepts

- EI providers engage with the adults to enhance confidence and competence in their inherent role as the people who teach and foster the child’s development
- Families are equal partners in the relationship with service providers
- Mutual trust, respect, honesty and open communication characterize the family-provider relationship

This principle DOES look like this	This principle DOES NOT look like this
Using professional behaviors that build trust and rapport and establish a working “partnership” with families	Being “nice” to families and becoming their friends
Valuing and understanding the provider’s role as a collaborative coach working to support family members as they help their child; incorporating principles of adult learning styles	Focusing only on the child and assuming the family’s role is to be a passive observer of what the provider is doing “to” the child
Providing information, materials and emotional support to enhance families’ natural role as the people who foster their child’s learning and development	Training families to be “mini” therapists or interventionists
Pointing out children’s natural learning activities and discovering together the “incidental teaching” opportunities that families do naturally between the providers visits	Giving families activity sheets or curriculum work pages to do between visits and checking to see these were done
Involving families in discussions about what they want to do and enjoy doing; identifying the family routines and activities that will support the desired outcomes; continually acknowledging the many things the family is doing to support their child	Showing strategies or activities to families that the provider has planned and then asking families to fit these into their routines
Allowing the family to determine success based on how they feel about the learning opportunities and activities the child/family has chosen	Basing success on the child’s ability to perform the professionally determined activities and parent’s compliance with prescribed services and activities
Celebrating family competence and success; supporting families only as much as they need and want	Taking over or overwhelming family confidence and competence by stressing “expert” services

4. The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child’s and family members’ preferences, learning styles and cultural beliefs.

Key Concepts

- Families are active participants in all aspects of services
- Families are the ultimate decision makers in the amount, type of assistance and the support they receive
- Child and family needs, interests, and skills change; the IFSP must be fluid, and revised accordingly
- The adults in a child’s life each have their own preferred learning styles; interactions must be sensitive and responsive to individuals
- Each family’s culture, spiritual beliefs and activities, values and traditions will be different from the service provider’s (even if from a seemingly similar culture); service providers should seek to understand, not judge
- Family “ways” are more important than provider comfort and beliefs (short of abuse/neglect)

This principle DOES look like this	This principle DOES NOT look like this
Evaluation/assessments address each family’s initial priorities, and accommodate reasonable preferences for time, place and the role the family will play	Providing the same “one size fits all” evaluation and assessment process for each family/child regardless of the initial concerns
Preparing the family to participate in the IFSP meeting, reinforcing their role as a team member who participates in choosing and developing the outcomes, strategies, activities and services and supports	Directing the IFSP process in a rote professional- driven manner and presenting the family with prescribed outcomes and a list of available services
Collaboratively tailoring services to fit each family; providing services and supports in flexible ways that are responsive to each family’s cultural, ethnic, racial, language, socioeconomic characteristics and preferences	Expecting families to “fit” the services; giving families a list of available services to choose from and providing these services and supports in the same manner for every family
Collaboratively deciding and adjusting the frequency and intensity of services and supports that will best meet the needs of the child and family.	Providing all the services, frequency and activities the family says they want on the IFSP
Treating each family member as a unique adult learner with valuable insights, interests, and skills	Treating the family as having one learning style that does not change
Acknowledging that the IFSP can be changed as often as needed to reflect the changing needs, priorities and lifestyle of the child and family	Expecting the IFSP document outcomes, strategies and services not to change for a year
Recognizing one’s own culturally and professionally driven childrearing values, beliefs, and practices; seeking to understand, rather than judge, families with differing values and practices	Acting solely on one’s personally held childrearing beliefs and values and not fully acknowledging the importance of families’ cultural perspectives

Learning about and valuing the many expectations, commitments, recreational activities and pressures in a family's life; using IFSP practices that enhance the families' abilities to do what they need to do and want to do for all family members	Assuming that the eligible child and receiving all possible services is and should be the major focus of a family's life
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5. IFSP outcomes must be functional and based on children's and families' needs and priorities

Key Concepts

- Functional outcomes improve participation in meaningful activities
- Functional outcomes build on natural motivations to learn and do; fit what's important to families; strengthen naturally occurring routines; enhance natural learning opportunities.
- The family understands that strategies are worth working on because they lead to practical improvements in child & family life
- Functional outcomes keep the team focused on what's meaningful to the family in their day to day activities.

This principle DOES look like this	This principle DOES NOT look like this
Writing IFSP outcomes based on the families' concerns, resources, and priorities	Writing IFSP outcomes based on test results
Listening to families and believing (in) what they say regarding their priorities/needs	Reinterpreting what families say in order to better match the service provider's (providers') ideas
Writing functional outcomes that result in functional support and intervention aimed at advancing children's engagement, independence, and social relationships.	Writing IFSP outcomes focused on remediating developmental deficits.
Writing integrated outcomes that focus on the child participating in community and family activities	Writing discipline specific outcomes without full consideration of the whole child within the context of the family
Having outcomes that build on a child's natural motivations to learn and do; match family priorities; strengthen naturally occurring routines; enhance learning opportunities and enjoyment	Having outcomes that focus on deficits and problems to be fixed
Describing what the child or family will be able to do in the context of their typical routines and activities	Listing the services to be provided as an outcome (Johnny will get PT in order to walk)
Writing outcomes and using measures that make sense to families; using supportive documentation to meet federal requirements	Writing outcomes to match funding source requirements, using medical language and measures (percentages, trials) that are difficult for families to understand and measure
Identifying how families will know a functional outcome is achieved by writing measurable criteria that anyone could use to review progress	Measuring a child's progress by "therapist checklist/observation" or re-administration of initial evaluation measures

6. The family's priorities needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.

Key Concepts

- The team can include friends, relatives, and community support people, as well as specialized service providers.
- Good teaming practices are used
- One consistent person needs to understand and keep abreast of the changing circumstances, needs, interests, strengths, and demands in a family's life
- The primary provider brings in other services and supports as needed, assuring outcomes, activities and advice are compatible with family life and won't overwhelm or confuse family members

This principle DOES look like this	This principle DOES NOT look like this
Talking to the family about how children learn through play and practice in all their normally occurring activities	Giving the family the message that the more service providers that are involved, the more gains their child will make
Keeping abreast of changing circumstances, priorities and needs, and bringing in both formal and informal services and supports as necessary	Limiting the services and supports that a child and family receive
Planning and recording consultation and periodic visits with other team members; understanding	Providing all the services and supports through only one provider who operates in
when to ask for additional support and consultation from team members	isolation from other team members
Having a primary provider, with necessary support from the team, maintain a focus on what is necessary to achieve functional outcomes	Having separate providers seeing the family at separate times and addressing narrowly defined, separate outcomes or issues
Coaching or supporting the family to carry out the strategies and activities developed with the team members with the appropriate expertise; directly engaging team members when needed	Providing services outside one's scope of expertise or beyond one's license or certification
Developing a team based on the child and family outcomes and priorities, which can include people important to the family, and people from community supports and services, as well as early intervention providers from different disciplines	Defining the team from only the professional disciplines that match the child's deficits
Working as a team, sharing information from first contacts through the IFSP meeting when a primary service provider is assigned; all team members understanding each others on-going roles.	Having a disjointed IFSP process, with different people in early contacts, different evaluators, and different service providers who do not meet and work together with the family as a team.
Making time for team members to communicate formally and informally, and recognizing that outcomes are a shared responsibility	Working in isolation from other team members with no regular scheduled time to discuss how things are going

7. Interventions with young children and family members must be based on explicit principles, validated practices, best available research and relevant laws and regulations.

Key Concepts

- Practices must be based on and consistent with explicit principles
- Providers should be able to provide a rationale for practice decisions
- Research is on-going and informs evolving practices
- Practice decisions must be data-based and ongoing evaluation is essential
- Practices must fit with relevant laws and regulations
- As research and practice evolve, laws and regulations must be amended accordingly

This principle DOES look like this	This principle DOES NOT look like this
Updating knowledge, skills and strategies by keeping abreast of research	Thinking that the same skills and strategies one has always used will always be effective
Refining practices based on introspection to continually clarify principles and values	Using practices without considering the values and beliefs they reflect
Basing practice decisions for each child and family on continuous assessment data and validating program practice through continual evaluation	Using practices that “feel good” or “sound good” or are promoted as the latest “cure-all”
Keeping abreast of relevant regulations and laws and using evidence-based practice to amend regulations and laws	Using practices that are contrary to relevant policies, regulations or laws

Appendix 2

Explaining Services in Natural Environments to Families

Natural environments as a process and a model of service delivery is a complex and daunting concept to explain to families and caregivers.

Families coming into the Birth to Three System often do not know what to expect. The full natural environments model must be explained clearly so that parents know what to expect and so that they, most importantly, know and understand their role. Not all caregivers will understand or agree with the model from the beginning. It is the role of the early intervention provider to help them understand and accept natural environments, including coaching. The following is a list of concepts that providers should be able to elaborate on starting from their first interaction with families.

Key points for discussion:

1. The purpose of early intervention is to help caregivers help the child.
2. Research shows that learning occurs through functional activities.
3. Children learn best from interaction with a consistent caregiver.
4. It is the early intervention provider's role to enhance the confidence and competence of caregivers.

The list is just a starting point for discussion. More information can be found by accessing the information in the bibliography for this guideline and other internet resources.

Appendix 3

Resources

Books

- Blasco, P. (2001). *Early intervention services for infants, toddlers, and their families*. Needham Heights, MA: Allyn and Bacon.
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- Klass, C. (2003). *The home visitor's guidebook* (2nd ed.). Baltimore, MD: Paul H. Brookes Publishing Co.
- Sandall, S., Hemmeter, M.L., Smith, B., & McLean, M. (2005). *DEC recommended practices: A comprehensive guide for practical application in early intervention/early childhood special education*. Missoula, MT: Division for Early Childhood of the Council for Exceptional Children.
- Sandall, S., & Ostrosky, M. (Eds.), (2000). *Young Exceptional Children monograph series no. 2: Natural environments and inclusion*. Missoula, MT: Division for Early Childhood of the Council for Exceptional Children.
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Articles

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- Cook, R. (2004). Embedding assessment of young children into routines of inclusive settings: A systematic planning approach. *Young Exceptional Children*, 7, 2-11.
- Dunst, C., Bruder, M., Trivette, C., Hamby, D., Raab, M., & McLean, M. (2001). Characteristics and consequences of everyday natural learning opportunities. *Topics in Early Childhood Special Education*, 21, 68-92.
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- Dunst, C.J., Herter, S., Shields, H., & Bennis, L. (2001). Mapping community-based natural learning opportunities. *Young Exceptional Children*, 4, 16-25.
- Fanselow, M.S., & Tighe, T.J. (1988). Contextual conditioning with massed versus distributed unconditional stimuli in the absence of explicit conditional stimuli. *Journal of Experimental Psychology*, 14, 187-199.
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- Jung, L., & Grisham-Brown, J. (2006). Moving from assessment information to IFSPs: Guidelines for a family-centered process. *Young Exceptional Children*, 9, 2-11.
- Luze, G., & Peterson, C. (2004). Improving outcomes for young children by assessing intervention integrity and monitoring progress. *Young Exceptional Children*, 7, 20-29.
- McWilliam, R. (2000). It's only natural...to have early intervention in the environments where it's needed. In S. Sandall and M. Ostrosky (Eds.), *Young Exceptional Children monograph series no. 2: Natural environments and inclusion* (pp. 17-26). Longmont, CO: Sopris West.

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- The Workgroup on Principles and Practices in Natural Environments (February, 2008) *Seven key principles: Looks like / doesn't look like*. OSEP TA Community of Practice- Part C settings. <http://www.nectac.org/topics/families/families.asp>

Other Resources

Coaching in Natural Environments

<http://www.coachinginearlychildhood.org/>

Connecticut Coalition for Inclusive Education

(860) 953-8335, www.includeme.org

National Early Childhood Technical Assistance Center (NECTAC)

<http://www.nectac.org>

The Puckett Institute

<http://www.puckett.org>

State Education Resource Center

(860) 632-1485,

<http://www.ctserc.org>