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ABSTRACT

This guide is intended to help parents and practitioners utilize natural settings to meet the developmental and health-related needs of infants and toddlers with developmental delays or disabilities. The mission statement of the Connecticut Birth to Three System is summarized and the term "natural settings" is elaborated on. Federal definitions of "natural environments" are then offered with examples of what service provision in natural environments means and does not mean. Next, the role of Quality Enhancement Teams in reviewing each program is briefly described. The following section looks at natural environments and the Individualized Family Service Plan (IFSP) process. It addresses assessment, family priorities and IFSP outcomes, and supports and service options. Next, seven specific challenges are discussed with recommended strategies for Birth to Three service providers and families. Challenges are about mistaken parental expectations, the role of service coordinators, and the relationship between early interventionists and community service providers. The final section offers guidelines for transitioning from Birth to Three Services at age 3, both to preschool special education services and to community services. Answers to frequently asked questions are also provided. (Contains 20 references.) (DB)

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Service Guideline 2

Natural Environments

Intervention guidance for service providers and families

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February, 1998

Connecticut Birth to Three System

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Acknowledgments

These guidelines were developed by the Connecticut Birth to Three Natural Environments Task Force in 1997. They are intended to assist the early childhood community to strengthen and support families whose children have disabilities by meeting their children's' needs in the home and the community.

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CONNECTICUT'S 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 settings*
- *recognize current best practices in early intervention*
- *are built upon mutual respect and choice*

The "natural settings" section of the mission states:

"Services and supports should occur in settings most natural and comfortable for the child and family. They should foster opportunities for the development of peer relationships with children without disabilities. Home-based intervention and inclusive community group settings are preferred. The unique characteristics of the family's community -- and the development of a natural system of supports within that community -- should be promoted at all times." (Connecticut Birth to Three Mission Statement, 1996)

WHAT ARE NATURAL ENVIRONMENTS?

The Federal Government Says:

- "Natural environments means settings that are natural or normal for the child's age peers who have no disabilities." [*US Code of Federal Regulations 303.12 (4)(b)(2)*]

- "Early intervention services means developmental services that to the maximum extent appropriate are provided in natural environments, including the home and community settings in which children without disabilities participate" and "The provision of early intervention services for any infant or toddler occurs in a setting other than a natural environment only when early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment." (*Public Law 105-17 -- June 4, 1997 Amendments to the Individuals with Disabilities Act*)

Providing services in natural environments means:

- Decreasing a family's sense of isolation by connecting families to natural sources of support such as friends, neighbors, or church members;
- Encouraging and assisting families in identifying their child's strengths and talents;
- Helping families to build relationships that do not focus on their child's disability or difference;
- Increasing the social and language competencies of children with disabilities;
- Providing services to infants and toddlers in settings that are more stimulating and responsive to their needs than segregated settings may be; and
- Providing normally developing children opportunities for positive interactions with children with disabilities.

Providing services in natural environments does not mean:

- Placing children in settings without appropriate supports and services;
- Keeping families from networking with other parents of children with disabilities;
- Only providing home based services;
- Ignoring individual needs and family concerns;
- Placing children in unsafe environments;
- Placing technology dependent children in the care of untrained staff;
- Creating separate programs for young children with disabilities;
- Compromising the quality of early intervention services;
- Placing unreasonable demands on early childhood teachers.

Parents Say:

"This is Graham's community. We want him to be part of it and for people to know who he is. Early intervention services have brought Graham more into community life -- at his pre-school, at the "Y" and at home 24 hours a day. He is learning to participate in typical activities, doing things on his own, and making his own mistakes!"
--Phillipa Orszulak

"Early intervention services in natural settings helped our child really participate and become more independent. It helped us to see the possibilities for Chris and prepared him to lead a normal life. Chris has begun kindergarten now and is an active member of his class. I don't think this would be happening for him if he did not have the right start."
-- Maria Engborg

"I was afraid the other children wouldn't accept my daughter. Then she was invited to her first birthday party. We brought her and everyone was truly excited to see her."

"At first, the idea of bringing my child to a playgroup seemed ridiculous. He was only 23 months. Now I can tell that being around other kids his own age was good for him. He has friends, he socializes more freely, and he knows how to share."

"My son had speech therapy in a clinic for one year and he made very little progress. After one month in a toddler playgroup with other "typical" kids, he is beginning to say words and has started walking! I guess there is nothing like peer pressure!"

"At first, I didn't want my child in a day care which had children with special needs. I didn't think the teachers would spend time with him, but my son has learned to be gentle and caring through the children with special needs and he has taught me how to be more accepting."

QUALITY ENHANCEMENT OF BIRTH TO THREE SERVICES

Quality Enhancement Teams (QET) review each program in the Birth to Three System every other year. The teams are made up of parents, Birth to Three Regional Managers, and staff from Birth to Three provider programs. Team members are trained to use the *Outcome Measures For Early Childhood Intervention Services*. The Outcome Measures were developed by the Accreditation Council, a national quality enhancement organization, to identify how well early intervention services are meeting the needs of families in the Birth to Three System. The following values from the QET process illustrate the key issues for children spending time in environments where children without disabilities are:

- Children with developmental delays and other disabilities have the right to access the same environments as any other children.
- Children with and without developmental delays and other disabilities can learn important things from one another.
- Interactions with children without disabilities during the early developmental years is linked to the child's ability to interact in adulthood

Materials from the *Outcome Measures For Early Childhood Early Intervention Services* are used in the text of this document.

VALUES FROM THE ACCREDITATION COUNCIL'S OUTCOME MEASURES FOR EARLY CHILDHOOD INTERVENTION SERVICES

Choice
Goals
Rights
Dignity & Respect
Health & Safety
Relationships
Security
Satisfaction

NATURAL ENVIRONMENTS AND THE IFSP PROCESS

Assessment

The basis for all services and supports to children and families in the Birth to Three System is the development of the Individualized Family Service Plan (IFSP). The concept of natural environments should be introduced as the interventionist identifies the environments the child and family are in each day.

Plan development begins with ongoing assessments of the child and family's strengths and needs.
For the initial evaluation and later assessments, the interventionist identifies the environments the child is in during his daily routines.
Evaluation reports will indicate where and how the child was evaluated and whether results were affected by the location.

FROM THE ACCREDITATION COUNCIL'S OUTCOME MEASURES FOR EARLY CHILDHOOD INTERVENTION SERVICES

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?

Family Priorities and IFSP Outcomes

FROM THE ACCREDITATION COUNCIL'S OUTCOME MEASURES FOR EARLY CHILDHOOD INTERVENTION SERVICES

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?

The interventionist shares the results of the developmental assessments and combined with the family's perspective on what is important to them, the outcomes are developed.

The family's concerns, priorities and resources are framed in the context of their natural environments.

The steps and strategies to achieve an outcome are explored by identifying:

- *what will happen* in the family's daily routines to support the outcome;
- *by whom and where* in the various settings that the child and family frequents can this outcome be practiced.

Then, necessary supports and services should be identified on the IFSP.

Supports and Service Options

Developing natural supports for families: The focus of early intervention with infants and toddlers is to increase the family's competence and capacity to meet the needs of their children. All partners in the Birth to Three System must have an array of strategies and community resources that allow parents of children with disabilities to support one another independently of their Birth to Three comprehensive service provider. This is illustrated in the Guiding Principles on Family Support Services developed by the Connecticut Family Support Council which state:

- Family supports should help families to use and strengthen their social networks and natural sources of support. Supports should help families to build connections with community resources and services and should help communities to develop new resources when needed.

- Family supports should promote the integration and inclusion of children with disabilities into all aspects of community life.

FROM THE ACCREDITATION COUNCIL'S OUTCOME MEASURES FOR EARLY CHILDHOOD INTERVENTION SERVICES

Do 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?

Providing services in natural environments does not preclude bringing families together to network and support one another. If a family needs family support services or family training, then an IFSP could be developed with parent group participation as a strategy to address that need. A challenge the system faces is meeting the needs of parents who need support from other parents of children with disabilities as well as those parents whose needs are to stay connected with their natural communities. Through the development of the IFSP, the service coordinator can help the parent identify resources that meet either or both of these needs.

Addressing child development goals: When the family and the team develop a plan that calls for the child to receive individualized treatment, the location selected for the services should be one that maximizes the child's and parents' opportunities to generalize learning. Early Intervention is often most effective when it uses routines, materials, and people common to the family and child.

In those instances where an IFSP team decides that a natural environment is not the best location to provide services it must be explained at the end of Section V of the IFSP form "Justification for offering services in other than the child's natural environment." That justification must address why the intervention "cannot be achieved satisfactorily" in a natural environment.

Early Intervention in Community Settings: When a team develops a plan with peer modeling as a strategy to meet an outcome, opportunities for this to occur in the child's and family's daily routines are explored. Community activities are often well suited for this purpose. The interventionist should use Section VI of the Connecticut IFSP form (*Other Family Programs and Support Services that are in Place or Needed)* as a bridge between the program's Birth to Three services and what the family can access in their community. Community mapping is a technique that can be used by programs to identify appropriate resources in the family's community.

FROM THE ACCREDITATION COUNCIL'S OUTCOME MEASURES FOR EARLY CHILDHOOD INTERVENTION SERVICES

Does your child spend time with children who do not have developmental delays?

Has the organization designed and initiated a process that provides families information about the benefits of interactions with children in typical settings?

MEETING THE CHALLENGES

CHALLENGE:

Parents may expect therapeutic or clinical services or "baby school" rather than a system based on IFSPs that reflect the day to day needs of families.

STRATEGIES:

Birth to Three service providers can:

- train agency staff who regularly answer the telephone and individuals who make initial contacts with families about how to present the concept of services based on and provided in the family's natural environments.
- share with one another innovative practices that help families sort out complex choices among multiple providers and settings.
- inform newly identified families about addressing Birth to Three outcomes in natural environments and support families as they identify what settings and services will best meet their individual needs.

The Birth to Three System can

- assure that INFOLINE initially discusses individual family service planning with families, rather than program sites and therapy.
- provide periodic orientation to the Birth to Three System for new parents.

How do we measure progress in meeting this challenge?

- Comprehensive providers will have feedback from Quality Enhancement Teams about Outcome 1: "Families are informed."
- Revise family survey instruments to provide feedback about family's awareness of natural environments as part of the Birth to Three mission.

CHALLENGE:

Families may not know that Birth to Three supports and services are available in the community settings.

STRATEGIES:

Local Interagency Coordinating Councils (LICCs) can

- create community resource guides or support community networking so families are aware of the variety of settings in which Birth to Three services and supports can be provided.

Families who have received supports and services in natural settings can

- share their experiences with families entering the system.

Birth to Three service providers can
- give families written materials that highlight the variety of settings that are appropriate for Birth to Three supports and services.
- describe ways in which outcomes can be achieved that are consistent with routines and in settings identified by families at IFSP meetings.
- meet with staff of community programs, child care providers, and extended family members about how to best achieve outcomes in natural environments.

The Birth to Three System can
- include sessions about designing and implementing IFSP goals in community settings in service coordination training.

How do we measure progress in meeting this challenge?
- Comprehensive providers will have feedback from Quality Enhancement Teams about Outcomes 14 (Children Spend Time in Inclusive Environments) and 17 (Families Remain Connected To Natural Supports).

CHALLENGE:

Medical providers and other community referral sources may cause families to expect specialized therapy based treatment. ***Families*** may be skeptical that "playgroups" or outings to the park with an early interventionist are appropriate therapeutic treatment for their child.

STRATEGIES:

Local ICCs can
- educate referral sources through networking and planned presentations on The Birth to Three System.

Families can
- provide feedback to their medical providers during routine health care visits about their progress toward IFSP outcomes and the settings in which those outcomes are being addressed.

Birth to Three service providers can
- discuss settings used to achieve outcomes when they request a physician's signature.

The Birth to Three System can
- have the ICC Medical Advisory Committee educate the medical community about the provision of Birth to Three services in natural environments.
- make the Birth to Three managers available to providers to support them in their efforts to use natural environments and community supports.

CHALLENGE:

Service coordinators may know little about community resources that support infants and toddlers with disabilities in natural environments, or of the roles they might play to help community resources welcome infants and toddlers with disabilities. They may be unfamiliar with developmentally appropriate practices for all young children in natural environments.

STRATEGIES:

Birth to Three service providers can

- subcontract with other community resources such as nursery schools, aquatic or gym programs and family centers. Staff from that program may address IFSP outcomes for the comprehensive Birth to Three program.
- actively recruit staff who have had experience addressing young children's developmental needs in natural environments.
- regularly fill out Section VI of the IFSP, learning from families what community resources help meet their needs.

The Birth to Three System can

- focus personnel development efforts on how to identify appropriate natural environments and how to achieve IFSP outcomes in various settings.
- consider experience in non-specialized settings when developing criteria for the Birth to Three credential.

How do we measure progress in meeting this challenge?

- Quality Enhancement Teams should focus on this area when reviewing processes relating to choice and inclusion.
- Review teams should look for documentation of local resource lists including day care centers with qualified personnel or signed supervision agreements, agreements with libraries, Y's or community centers and documentation of participation of typical children in comprehensive provider services.

CHALLENGE:

Some ***members of the broader community*** think that the needs of young children with disabilities can only be met by highly trained professionals in specialized settings away from typically developing children.

STRATEGIES:

Birth to Three service providers can

- set the tone for community program staff. If interventions are presented as the domain of therapists, occurring outside the regular program routines, then a community program will not take responsibility for the child. If supports are integrated into the regular routine and staff are engaged in development and problem solving, they can take ownership in the child's plan.

- publicize how offering high quality supports and services in natural environments can result in meeting outcomes identified of IFSPs.

CHALLENGE:

Early Interventionists and many ***providers of services and supports for young children in the community*** have few connections with one another.

STRATEGIES:

LICCs can

- be a major source of community linkage, by including community members who do not focus on children with disabilities.

Birth to Three service providers can

- actively affiliate with and participate in the activities of local Associations for the Education of Young Children chapters (NAEYC), Early Childhood Education Council (ECEC) groups, School Readiness Councils, and other formal and informal networks that focus on all young children.

The Birth to Three System can

- issue clear guidelines about subcontracting with non-specialty providers, clarifying issues such as payment, supervision, personnel standards, and the use of non-agency staff as service coordinators.
- assure that community agencies have ample opportunity to become Birth to Three comprehensive providers and encourage them to collaboratively apply for Birth to Three funds with disability providers.
- provide training opportunities to the broader early childhood community on how to support children with IFSPs in community settings.

CHALLENGE:

DMR reimbursement structures may provide financial incentives for the use of therapeutic treatment models and specialized settings. ***Providers*** may find it easier to comply with DMR procedural requirements by using therapeutic treatment models and specialized settings.

STRATEGIES:

The Birth to Three System can

- revise attendance reporting to allow providers to describe a broader range of settings for service delivery.
- make sure the use of natural environments is addressed when policies and procedures are developed or updated.
- evaluate future funding proposals giving credit to providers who have succeeded in the use of natural environments for supports and services to families.

TRANSITIONING FROM BIRTH TO THREE SERVICES AT AGE 3

Transition from the Birth to Three System to the next setting can present many challenges for parents, children, professionals, and agencies:

- Sometimes parents are distressed that their child continues to have special needs approaching the time of the third birthday.
- Unlike many times when people end a relationship with a professional or an agency, the third birthday transition may seem arbitrary and involuntary.
- Parents see Birth to Three providers as familiar and trusted, while the local school district personnel may be unknown.
- Sometimes, families may find that the laws and procedures that are in place to ensure that their rights are upheld seem intimidating and confusing.

The intent of this brief overview of transition issues related to "natural environments" and "least restrictive environments" is:

- To promote further self-examination of individual roles and responsibilities of every professional; and
- To encourage ongoing dialogue and problem solving strategies at the individual and system level.

Transitioning to Preschool Special Education Services

Quality transitions result when professionals, systems, and families lay the ground work well in advance. Many complexities confound effective transition practice. To lay the groundwork for effective transitions, all early childhood professionals working with children from birth to five must acknowledge these complexities in order to address them. Schools are striving to educate all children in the "least restrictive environment" just as Birth to Three providers are striving to provide supports and services to families that utilize the family's "natural environments." The degree to which Birth to Three programs have supported families in natural environments and/or the range of inclusive options that a child may have in preschool should not be barriers to successful transitions. Placement decisions hinge on the availability of appropriate supports, school district demographic realities, and achieving a "goodness of fit" between staff, child, and family. School districts and Birth to Three programs face similar challenges in helping families sort out child care needs from developmental or educational needs, and developmental or educational outcomes from instructional or therapeutic strategies.

Birth to Three agencies need to be familiar with several, even many, local school districts. Likewise, school personnel need to know about many Birth to Three agencies and their numerous service coordinators. Professional jargon can vary between the two systems. Birth to Three providers need to be aware of differences between Birth to Three and preschool special education program emphases. Birth to Three providers are expected to work with families to identify

community supports and develop outcomes that will enhance the day to day life of the child and family at home. While not ignoring home and family needs, early childhood special education providers are expected to focus more specifically on the child's 'educational' needs and to identify specific goals, strategies, and services that will enhance educational progress. If Birth to Three providers lead families to believe unrealistically that their local school system is required and equipped to provide families with a broad range of community supports, families can be caught between systems. The misunderstanding often leads to unsuccessful transitions.

Additionally, Birth to Three provider agencies may have a great deal more latitude in implementing new program practices. Individual school administrators and direct service professionals in public schools may be very interested and willing to carry over strategies that have supported families who had been in the Birth to Three System in the community. However, they may lack resources, supports, and personnel to accomplish this. For Birth to Three providers, this can mean finding oneself in the uncomfortable position of advocating for services in community based settings that include typical peers, only to encounter school districts offering more limited choices. This is frustrating for families and perplexing to the Birth to Three professional who believes she is merely following a "best practice" model.

These system differences, while having no easy answers, can be constructively addressed. Birth to Three providers need to be careful not to give families unrealistic expectations of preschool special education or foster an antagonistic approach. School district personnel must acknowledge that today's families are exposed to prior service experiences, research, and information that leads them to expect a wider range of choices and supports than schools have been providing. Families, schools and Birth to Three providers must achieve a high level of effective communication so that:

- Preschool Special Education staff know what strong preferences and expectations families have; and
- Birth to Three providers know when realistic constraints may lead to recommendations that are different from what has been envisioned.

Transitions To Community Services

A related issue for some children in the Birth to Three System is that the next setting may not be a special education classroom. Family centered practices and the use of community resources can have the effect of making families feel less dependent on formal systems to help their child with special needs develop. Birth to Three providers who have been focused on preparing children for special education may not be fully aware of how to meet the needs of families who wish to grow away from formal systems before or at the third birthday.

QUESTIONS AND ANSWERS

Questions Providers Ask...

Q. *Is "natural environment" equated with the child's home?*

A. A child's home is usually one "natural environment," but children typically have other locations that are natural for them as well. Older toddlers may experience recreation and socialization in a variety of community environments.

Q. *It seems as if Birth to Three wants it both ways. On the one hand, providers are supposed to be providing developmental supports in natural environments. On the other hand they are supposed to be billing medical insurance. Which is it?*

A. Connecticut law requires insurers to pay for medically necessary services that are provided as part of the Birth to Three System. Insurers will pay for medically necessary services provided by licensed professionals in a variety of settings. This does not mean that seeking payment should be placed before family priorities or outcomes.

Q. *What about intensive individualized treatment for children with autism?*

A. The Connecticut Birth to Three Autism guidelines state that many best practice models for the treatment of autism in young children use intensive individualized instruction. The guidelines also stress that all children should have opportunities to interact with typical peers. IFSPs should describe steps to move from one on one instruction toward more natural settings.

Q. *What should I do if I feel the home is an ineffective environment for working with the child?*

A. It may be difficult to meet a child's developmental needs in a chaotic or difficult home environment. However, it is unlikely that a few hours of Birth to Three services away from that environment will have much impact. Service coordinators may need to focus as much effort on helping the family connect with needed supports as on providing direct service to the child.

Q. *Is a natural environment always the best place to encourage a child's development?*

A. The reason an Individual Family Service Plan is developed is that every family is different. There is no one best model that suits everybody. When a team chooses not to use a natural environment, it must be explained at the end of Section V of the IFSP form, "Justification for offering services in other than the child's natural environment" and must describe why the early intervention cannot be achieved satisfactorily in a natural environment.

Q. *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 to supports and services available is a concern of all parents with young children. With the help of a service coordinator, a family may have better information about how to judge the quality of a setting. Birth to Three staff should be an asset in helping community providers address the developmental needs of all children. If a selected location is inappropriate to address the outcomes identified in an IFSP, then another location should be found. A natural environment must also be safe and nurturing, encourage child development, and be accessible to the child and his family.

Q. *If I include typical children in my Birth to Three playgroup do I need a day care license?*

A. All providers of early childhood center based programs with or without typical children in the group *must be licensed by the Health Department if any of the following apply:*

- *the group includes more than seven children,*
- *the parents are not present during the sessions, or*
- *the child is there on a regular basis.*

If the program is run by a school (public, private, or parochial) which reports attendance to the Connecticut Department of Education, licensing is not required. When a provider chooses to work with a program that is licensed by the state, they should be aware of the program's licensing requirements regarding the maximum number of children and required adult/child ratios.

Q. *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 which 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 settings.

Q. *How can I get all this information about the family's routines and resources 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 may be awkward and in some ways incomplete. However, this first plan still offers the opportunity for the provider to assist the family in exploring what outcomes will truly make a difference in their lives. The plan will propose how these outcomes can be supported through interventions that build on daily routines in natural environments. The IFSP can always be modified after the provider and the family know each other better. Plans can be written initially which are short term and give the family and the provider a chance to see what is workable and how the child responds.

Questions Parents Ask...

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

A. Comprehensive providers need to ensure that personnel standards are met when IFSPs are being implemented in collaboration with community programs. Community personnel who meet Birth to Three personnel standards may act as service coordinators upon successful completion of service coordination training. However, the service coordinator is legally accountable to the comprehensive provider.

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

A. The descriptions below can be used to identify places that are natural environments:

A location *is* a natural environment if:

- It is a location where this child would go if he did not have a disability;
- Other children go to this location who do not have disabilities
- The location is in a part of the community where children and families without disabilities spend time when they are not being treated or tested for illness or health issues?

A location *may not* be a natural environment if:

- It is a location where people usually go because they have disabilities or medical issues;
- It was chosen because it had specialized equipment;
- It was chosen because it was convenient for specialists who work with the child.

Q. What about a public hospital?

A. Hospitals, clinics, rehabilitation centers, classrooms, or other places where only early intervention or medical services are delivered are not natural environments. Sometimes these locations are well suited for a specialized evaluation or a single visit, but they would usually be inappropriate for ongoing services.

A location alone does not guarantee a natural environment. It matters whether you and your child are participating with the people who use that environment.

Q. How can I evaluate participation?

A. The following questions help identify when full participation is occurring in a natural environment:

- Is the primary intent of the activity the treatment of disability or to meet the needs of all children?
- Are children with and without disabilities participating in the same activities?
- Are children with and without disabilities interacting with the same adults?
- Is the child with disabilities removed from the area where other children are in order to receive specialized treatment?
- Are all children using the same toys and materials?
- Is the defined outcome of the participation to establish relationships with non-disabled peers that extend beyond the structure of the Birth to Three program?
- Are there any physical barriers between the area the children with disabilities use and the rest of the space?

Q. *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 effect the intensity of services your child receives. Your early intervention professional is more likely to introduce activities that will be functional in 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 nursing or respite services you may need and work with you on identifying sources of payment for them.

Q. If natural environments are the best place for my child, will my Birth to Three provider pay for my child to attend a day care program?

A. Programs sometimes choose to fund group activities to children, but the Connecticut Birth to Three System does not require the payment of enrollment fees for children in community groups.

Q. My child has special health care needs. How can I be sure that she will receive her medications in a natural environment?

A. This is the sort of concern that needs to be thoroughly dealt with at an IFSP meeting. Your service coordinator needs to make sure that your child's health and safety needs are met in any setting where IFSP outcomes are being addressed. Parents and service coordinators may need to work with medical providers to simplify medication schedules and routines so they are not unnecessarily limiting her participation in community life.

Q. If my child receives services in natural environments, will services be delivered by untrained paraprofessionals instead of professional therapists?

A. The Birth to Three System requires all services by staff who meet training and personnel standards. Paraprofessionals are always supervised by licensed professionals. Effective early interventions are those that can be carried out by parents, day care providers, extended family members and friends. The use of paraprofessionals should complement the services the child and families receive, not detract from them.

Q. I'm confused by this talk of outcomes. What I want is to have a therapist see my child. Why can't I just call therapy services an outcome?

A. When families and providers begin the IFSP process with a predetermined set of *services* in mind they lose the ability to fully develop the plan. Because they have started at the end of the process rather than the beginning, outcomes must be developed which will justify a particular service frequency and intensity. Services and supports that are identified in the IFSP process to address the outcomes the family has prioritized are often more meaningful to the child and family. Progress toward reaching outcomes and the appropriateness of the strategies are easily measured when the outcomes relate to the family's needs.

RESOURCES

Books

Baglin, C. A. (1991) Implementing Early Intervention in a Child-Care Setting. in Bender, M. & Baglin, C. A. (Eds.). (1991). *Infants and Toddlers: A Resource Guide for Practitioners.* San Diego, CA: Singular Publishing Group, Inc.

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Thornburg, V. *That All May Worship.* Religion and Disability Program. National Organization on Disability, 910 16th Street NW, Washington DC, 20006

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Wolery, M., & Wilbers, J. (Eds.). (1994). *Including Children with Special Needs in Early Childhood Programs.* Washington, DC: NAEYC

Articles

Bogin, J. (1991) The Sunrise Children's Center: Including Children with Disabilities in Integrated Care Programs. *Children Today, 20(*2), 13-16

Bricker, D. (1995). The Challenge of Inclusion. *Journal of Early intervention, 19*(3), 179-194.

Bruder, M. B. (1993). The Provision of Early Intervention And Early Childhood Special Education Within Community Early Childhood Programs: Characteristics of Effective Service Delivery. *Topics in Early Childhood Special Education, 13*(1) 19-37.

Craig, S., & Haggart, A. (1994). Including All Children: The ADA's Challenge to Early Intervention. *Infants and Young Children, 7*(2), 15-19.

Schwartz, I. S., & Olswang, L. B. (1996). Evaluating Child Behavior Change in Natural Settings: Exploring Alternative Strategies for Data Collection. *Topics In Early Childhood Special Education, 16*(1), 82-101.

Other Resources

Connecticut Coalition for Inclusive Education, 1030 New Britain Ave., Room 102B, West Hartford, CT 06110. (203) 953-8335.

Early Childhood Research Institute on Inclusion, School of Education, University of North Carolina, CB #3500, Chapel Hill, NC 27599-3500. (919) 962-5579.

PEAK Parent Center, 6055 Lehman Drive, Suite 101, Colorado Springs, C0 80918 (719) 531-9400

Special Education Resource Center, 25 Industrial Park Road, Middletown, CT 06457-1520. (860) 632-1485

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