This file is available for use as an easy reference to the OCDEL bulletins, Philadelphia Policy Statements and other guides that are a part of the Unit. It does not include all of the content and learning activities that complete the Policies and Procedures online course. Go to the TLC Home page and click on “TLC Courses” to access “Policies and Procedures.”

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Philadelphia County’s Model for Infant/Toddler Early Intervention (September 2007)

Family-centered practice in early intervention begins with the premise that families are the central influence and source of support in young children's lives. The family includes the child's primary caregiver, siblings and all other significant adults who are involved in caring for the child. Early intervention providers recognize the significance of these relationships and consider ways to enhance the interactions between infants or toddlers and their family members as a means to influence early development. Providers in Philadelphia also recognize the importance of close collaborations between their own services and those available through other community agencies, so that a broad array of comprehensive supports is available to each family and child. Each family's goals, needs and resources provide the basis for program design and practice. These unique characteristics of each child's family are considered throughout evaluations, collaborative teamwork to plan programs, and the subsequent implementation of services that are outlined in the Individualized Family Service Plan (IFSP).

When providers use a family-centered approach, they

- Spend enough time with the family
- Listen carefully to the parents
- Make the parents feel like a partner in the child’s services
- Are sensitive to the family’s values and customs
- Provide the specific information that the parents need

Partnerships with Families

The foundation of family-centered care is the partnership between families and professionals. Key to this partnership are the following principles:
• Families and professionals work together in the best interest of the child and the family. As the child grows, s/he assumes a partnership role.
• Everyone respects the skills and expertise brought to the relationship.
• Trust is acknowledged as fundamental.
• Communication and information sharing are open and objective.
• Participants make decisions together.
• There is a willingness to negotiate.

Based on this partnership, family-centered care:

1. Acknowledges the family as the constant in a child’s life.
2. Builds on family strengths.
3. Supports the child in learning about and participating in his/her care and decision-making.
4. Honors cultural diversity and family traditions.
5. Recognizes the importance of community-based services.
6. Promotes an individual and developmental approach.
7. Encourages family-to-family and peer support.
8. Supports youth as they transition to adulthood.
9. Develops policies, practices, and systems that are family-friendly and family-centered in all settings.

*What Do Family-Centered Partnerships Look Like?*

• Because it is not possible to accurately generalize about families, service providers take the time to get to know family members individually and to support them in their goals for their children.

• Families have a great deal to offer service providers. Traditionally, exchanges between parents and providers have been viewed as a means of informing families about their child. However, in family-centered services, it is recognized that, while professionals bring information to parents about child development and about their experiences with many children, families provide information about the individual child, across time and in a variety of settings.

• Contemporary families experience multiple demands. Employment, housing, health care, and transportation are some issues facing families, whose possible lack of involvement with the child care program should not be mistaken for lack of concern for their child.
• There are many ways for a family to be "involved." It is important to provide a range of options for families to participate in this aspect of their child's life, and to allow families to choose the type and level of participation which suits them.

• Family-Centered Child Care includes fathers and other male family members. The relationship of children to their fathers and other male figures is of vital importance and growing concern. Research demonstrates that children are better off when their relationships with fathers (as well as mothers) are close and warm. At the same time, evidence is emerging of both fathers' increasing participation in their children's care and the growing sense of exclusion felt by some fathers.

What Do Family-Centered Child Services Look Like?

Family-centered care is flexible by definition and may look different in different settings. However, there are some common characteristics.

• Family-centered services support the connections between children and their families. A basic belief in the value of families permeates program policies and practices. All family members are included and treated with respect and warmth.

• Family-centered services speak the languages and respect the cultures of families. Staff members are drawn from the community the program serves.

• Family-centered child services build on family strengths. Service providers recognize various stages of development in family members and work with them to meet their needs and the needs of their children.

• True partnerships are forged with families. Unlike traditional partnership models, in which parents are in a passive role of being informed or educated, parents in family-centered services are in a creative role of establishing goals and making decisions. Efforts are made to build inclusiveness and to welcome all family members as partners. When services are family-centered, families know that their input and feedback will effect change.

• Family-centered services meet the basic requirements of families. This means that families have real choices when it comes to services and that services are provided in ways that strengthen their abilities to provide care for their children.

• Family-centered child care supports and trains service providers. It is important to provide training for staff on the basic principles of family-centered care. Preservice and in-service training, peer coaching, and mentoring opportunities are provided on a continuous basis on topics such as relationship building and communication skills. Joint training is also provided for staff and families.
SUBJECT: Natural Environments

TO: County MH/MR Administrators/County Mental Retardation Coordinators/County Early Intervention Coordinators/Early Intervention Providers

FROM: Harriet Dichter
Deputy Secretary, Office of Child Development

PURPOSE:

The purpose of this announcement is to reaffirm procedures for providing Early Intervention services in natural environments. Previous procedures were established by the Office of Mental Retardation. These procedures meet statutory requirements established in Public Law 108-446, the Individuals with Disabilities Education Act (IDEA), enacted on December 3, 2004.

BACKGROUND:

The Pennsylvania Early Intervention system is implemented in compliance with the Individuals with Disabilities Education Act (IDEA) as amended by Public Law 108-446, ‘Early Intervention Program for Infants and Toddlers with Disabilities’ Part C and the Pennsylvania Early Intervention Services System Act, Pennsylvania Act 212-1990.

Over the past 15 years, statutory amendments have been made to the IDEA on the requirements for natural environments. In October 1991, Part C of the IDEA was reauthorized as P.L. 102-119 and stated ‘that to the maximum extent appropriate to the needs of the child, Early Intervention services must be provided in natural environments, including the home and community settings in which children without disabilities participate,’ and that, ‘natural environments’ means settings that ‘are natural or normal for the child’s age peers who have no disabilities.’ Statutory amendments of 1997, under P.L. 105-17, added two requirements related to the provision of Early Intervention services in natural environments. First, it required that states develop policies and procedures to ensure that, to the maximum extent appropriate, Early Intervention services are to be provided in natural environments and occur elsewhere only if Early Intervention cannot be achieved satisfactorily in a natural environment.
Second, it required that each Individualized Family Service Plan (IFSP) identify the natural environments in which services are to be provided and a justification of the extent, if any, to which a service will not be provided in a natural environment and location in which it will be provided.

Under current IDEA Amendments, P.L. 108-446, additional language was added under the requirement related to states policies and procedures. The new language states, “The provision of Early Intervention services 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 natural environment”.

**DISCUSSION:**

To the maximum extent appropriate, supports and services shall be provided in natural environments. Services shall be provided in communities or locations where the child lives, learns, and plays on a daily basis in order to enhance the child's participation in family routines and in the activities and routines that occur in a variety of community settings where children and families spend time. Each IFSP identifies the natural environments in which services are to be provided and a justification of the extent, if any, to which a service will not be provided in a natural environment and location in which it will be provided. Only when the child's and family's outcomes cannot be achieved satisfactorily for the child in the natural environment can the provision of Early Intervention services be considered in a location other than the child's natural environment. These determinations are made by the parent and the IFSP team through an individualized assessment.

The IFSP is developed to determine the supports and services to be provided to children from birth to age three and their families. The plan is based on the concerns, priorities and resources of the family and, determined by a family directed assessment of what the family believes is important to enable their child's participation in activities or routines that take place within the family's naturally occurring settings. Planning is based on outcomes that the families and IFSP team members agree will be functionally suitable to promote the child's increased competence, participation and learning and the family's capacity to support the child. When developing the IFSP, the following shall be addressed:
Developing the IFSP

(a) Assessment should include:
(1) The family's identification of their priorities, concerns and resources
(2) The identification of the child and family's daily routines and interests

(b) Establish outcomes specific to the child and family that:
(1) Enhance child competence
(2) Enhance family capacity
(3) Increase the number of settings for child/family activities
(4) Are measurable

(c) Environments and activities based on:
(1) Part of child's and family's routines
(2) Typical of same age peers
(3) Respect for religious, ethnic and cultural practices

(d) When determining services and supports for the child and family the IFSP team must consider implementation of the IFSP in as many activity settings, as appropriate, that will allow learning opportunities for a child in a natural environment (home, community activity settings). Appropriate services and supports should be focused on:
(1) Placing an emphasis on functional competence
(2) Increasing the child's participation in natural environments

(e) The IFSP team will determine what supplemental supports will be provided in order for the child to achieve the outcomes listed in his/her initial IFSP. To the extent appropriate, the IFSP must include:
(1) Medical and other services that the child needs but are not required under Part C
(2) The funding sources to be used in paying for those services or the steps that will be taken to secure those services through public or private sources.

Justification for Services Not Provided in a Natural Environment

(a) If the IFSP team members agree to the provision of supports and services in locations other than in a child's natural environment(s) the team must show sufficient documentation, during the initial writing of the IFSP, that supports the teams decision that the child's and family's outcomes cannot be met by providing supports and services in the natural environment(s) of the child and family. As part of the initial IFSP and at the six-month review or at the request of the family, the IFSP and justification are considered, documented on the IFSP, and include:
(1) How services provided in locations other than a natural environment will be generalized enough to support the child's future ability to function in his/her natural environment; including:
(2) A plan with timelines and the supports necessary to allow the child's and family's outcomes to be satisfactorily achieved in his/her natural environments (as an addendum to the initial IFSP).

(b) A review of the IFSP must be continued during the period that a child and family are receiving Early Intervention supports and services. This method should be repeated until the child and family can receive supports and services that are naturally provided in their everyday lives (home and community activities).
<table>
<thead>
<tr>
<th>Natural environments do not mean that...</th>
<th>Natural environments do mean that...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants and toddlers are “placed” in unsafe, inclusive settings without supports.</td>
<td>Infants and toddlers are not placed in natural environments. Instead early intervention services are provided to support the participation of infants and toddlers in their own natural environments. Further, when infants and toddlers are supported effectively, natural environments are strengthened.</td>
</tr>
<tr>
<td>Families cannot network with other families of children in early intervention.</td>
<td>Primarily, families receive support and information from other families involved in early intervention through formal and informal parent-to-parent networks. Additionally, information sessions may at times be necessary for families. However, the sessions should be provided to promote living and learning in communities as opposed to promoting separation and dependency on systems and services. By providing supports in natural environments, early intervention personnel are attempting to minimize the possible isolation of the family within their own communities.</td>
</tr>
<tr>
<td>Services in Natural Environments only refer to home based services.</td>
<td>Natural environments are typical home and community settings. These settings are more stimulating and complete with increased opportunities for young children to make friends and to learn. <em>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.</em></td>
</tr>
<tr>
<td>Infants and toddlers are cared for by untrained staff compromising the quality of early intervention.</td>
<td>Early intervention personnel provide support and technical assistance to staff in inclusive settings. Intervention in natural settings is provided to increase learning opportunities and social interactions.</td>
</tr>
</tbody>
</table>
Natural Environments: What does that mean for services?

<table>
<thead>
<tr>
<th>There will be MORE OF:</th>
<th>There will be LESS OF:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Toddlers with disabilities being included in ongoing community groups such as family resources centers and be receiving Birth to Three support there.</td>
<td>• IFSPs that look all the same.</td>
</tr>
<tr>
<td>• Birth to Three staff consulting to existing staff in early childhood settings.</td>
<td>• Birth to Three programs running their own groups.</td>
</tr>
<tr>
<td>• Families explaining the settings and activities that are a part of their families’ lives.</td>
<td>• Birth to Three staff who “do for.”</td>
</tr>
<tr>
<td>• Teaching strategies that are incorporated into the activities and settings that families have described.</td>
<td>• Playgroups started solely to meet the needs of children with disabilities</td>
</tr>
<tr>
<td></td>
<td>• Children removed from existing community group settings to receive “treatment.”</td>
</tr>
<tr>
<td></td>
<td>• IFSPs that list “therapy” as an outcome.</td>
</tr>
</tbody>
</table>

*from CT Birth to Three System – Service Guideline #2*
The Philadelphia
birth-to-three
Early Intervention
Resource Warm Line

215-731-2040
El Resource Warm Line  215-731-2040

Purpose

The warm line provides resource information to early intervention service providers in the birth-to-three system about supports and services that families can access in the community. The Warm Line is staffed by Family Support Coordinators from ChildLink.

The warm line is not a ‘hot line’ in the sense that when called, the Warm Line Staff may not answer the call, but they will get back to you within 48 hours with the requested resource or to obtain additional information to clarify the request.

Why call the Resource Warm Line?

For emergencies, call 911, Police or Fire/Rescue. To report abuse or neglect, contact the Child Welfare Hotline at 215-683-6100.

Call the warm line if a family you are working with in early intervention requests assistance with:

- Books and Toys
- Child Care
- Diapers, Baby Equipment
- Food Stamps
- Health Insurance
- Housing and Shelter
- Information about Child Development
- Information about a Medical Condition
- Recreation Opportunities
- Respite Care
- Transportation
- SSI
- Summer Camps
- Utilities
- Other

To share information about a resource that you have learned about that others may use.

Should families call the Resource Warm Line?

No, the warm line was set up for you, the Infant/Toddler Early Intervention Service Providers, to get information about resources in response to family requests.

El Resource Warm Line  215-731-2040
EI Resource Warm Line   215-731-2040

What will happen when I call the Resource Warm Line?
Sometimes the telephone will be answered or you may need to leave a message. If you leave a message, be sure to speak slowly and clearly and be prepared to give the following information:

- Your first & last name
- Name of Provider Agency
- Your phone number
- Title/discipline (e.g. OT, PT, SI, SLP)
- Name of the child
- Child’s CL number or child’s DOB
- Service Coordinator’s name
- A brief description about the resource you would like to obtain, as well as the area of the city and zip code where the resource will be needed.
- Or, to give the name, phone #, address of a new resource

How will the resource information get to the family?

◊ The Warm Line Staff will contact you within 48 hours with the requested resource or to obtain additional information to clarify the request.
◊ Once you obtain the information, you will call the family back within 48 hours to give them the appropriate resource, or take the information to the family if a visit is planned for that week. If you are in the community, you may also drop by to leave the information with the family.
◊ The Warm Line Staff will contact the ChildLink Service Coordinator (SC) about the family’s resource request.
◊ During your next visit with the family, find out from the family if the resource was helpful to them, if they were able to connect with the resource and if they are satisfied with the service.
◊ The SC will also contact the family within 7 working days to see if the request has been met or if the family needs additional assistance.
◊ Both you, as the service provider, and the SC will document on the contact or progress note any and all activity to assist a family with accessing resources, including making and receiving contact from the warm-line.

EI Resource Warm Line   215-731-2040
CLOSE THE LOOP!

• **THE LOOP IS CLOSED WHEN THE FAMILY SAYS IT IS CLOSED.** This means that both you and the Service Coordinator (SC) will follow up with the family to ensure that the resource provided met the family’s need.

• If the family has not been able to connect with the resource, you and the SC will assist them in doing so.

• If the family requires additional resources because the ones offered were not helpful or appropriate, either the SC or you should give the family additional resources. Don’t forget to document subsequent follow up steps in the ChildLink progress notes and Provider contact forms!

NOTE:
You can continue to access the warm-line repeatedly as additional needs emerge from the family.
Philadelphia County’s Model for Infant/Toddler Early Intervention

Family-Centered services are provided by implementing practices in four areas:

♦ **Meaningful Outcomes** for families and their children

♦ **Child Interventions** that promote participation in everyday activities and routines and provide learning opportunities so that children acquire and practice functional skills;

♦ **Family Interventions** that engage and teach families strategies to help their children participate and learn; and

♦ **Progress Monitoring** and use of progress monitoring information to show families how their children are learning and to make decisions about the benefits of interventions.

Each service coordinator and service provider who works in Philadelphia will demonstrate skill in implementing practices in each of these 4 areas.
Participation-Based Services:

Introduction to Participation-Based Services

The activities in which we participate are linked to a number of circumstances including time, preferences and interests, economic resources, where we live, and with whom we associate. When children are young, the activities and routines in which they participate are influenced by family decisions as well as by opportunities for participation (Bruder & Dunst, 2000). Families report that finding community opportunities for their young children with disabilities can be difficult (Dunst, Bruder, Trivette, Raab, & McLean, 2001). Furthermore, ensuring their children’s success in these settings requires more planning, coordination, and time than when children do not have disabilities. Families often use deliberate strategies to foster participation and adapt environments in order to successfully include their children in a variety of community settings (Beckman, Barnwell, Horn, Hanson, Gutierrez, & Lieber, 1998).

The reauthorization of IDEA (1997), and specifically Part C of the Act (i.e., the infant/toddler program), emphasized the requirement that early intervention services be provided within the natural environments of the child and family. Although the law describes natural environments as locations where typical children spend time, the term has been frequently interpreted as meaning primarily a child and family’s home. Although some early intervention providers serve children in child care or community settings, a majority of infants and toddlers receive early intervention at home (U.S. Department of Education, 2002). In addition, too often the natural environment requirement has been considered only an issue of the location in which the services are provided. That is, when the setting is the focus the professionals go to an environment such as a child’s home or child care center and provide the same type of intervention services that would be provided in a specialized location such as an early intervention center, special school, hospital, or clinical setting. Professionals are likely to provide child-focused interventions by creating specially designed activities that address

Promoting Children’s Participation in Natural Settings
targeted developmental goals and then doing those activities within a child's home (McBride & Peterson, 1997). The natural environment requirement does not just relate to where services are provided but focuses on promoting a child's active participation in the activities and routines that occur in a range of natural settings. When professionals address a child's participation in various natural settings, their focus broadens to include a participation-based approach to services. In other words, professionals work to promote a child's participation in the same activities and routines that similarly-aged children without disabilities are doing. Professionals accomplish participation-based services by adapting materials and the activity so that children can participate and by embedding individualized learning targets within activities and routines. In order to provide participation-based services, early intervention teams must support families of the children they serve in identifying, planning, and implementing strategies for successful participation in both home and community settings.

This article presents a series of steps and strategies to be used by an early intervention team providing services in a child's natural settings and to provide these services with a focus on active participation in a range of individually appropriate settings. In order to maximize a child's participation in the activities and routines of various settings, the team collaborates with the family to establish a participation-based philosophy and implements this philosophy by completing three steps: (1) a “natural environments framework” to find out about family routines and activities, decide which routines and activities to address, and plan interventions to promote participation; (2) an “adaptation hierarchy” to guide decisions and generate ways of promoting participation and learning; and (3) a generic plan of strategies to address children's functional needs. Each of these steps is described in the remainder of this article and illustrated through the following vignette of Tunisha and her family.

Tunisha’s family lives in a high-rise apartment in an older inner-city neighborhood. Twenty-month old Tunisha and her three- and four-year old brothers are cared for by their great grandmother, Mama Eva, during the day while their mother attends a work training program. Mama Eva has cared for many children over the years but she finds it more difficult raising kids today because of changes in her neighborhood. The condition of the apartment buildings, sidewalks, and play areas have deteriorated, and she worries that the children may hurt themselves as they encounter broken glass, cracked sidewalks, broken or missing handrails, and other hazardous trash. Furthermore, the inhabitants of the neighboring apartments are constantly changing, people unknown to her come and go from the neighborhood on a regular basis, and there just seems to be so many more people and cars. Because of her concerns about the safety of the neighborhood and her own ability to monitor the children when they are outside the apartment, Mama Eva spends most of her time with the three children at home in their two-bedroom apartment.

Mama Eva is concerned that the children mostly spend time with each other and have little opportunity to play with other children their age. She knows that the children need to be out of the house and doing things, but in addition to her general concerns about the safety of the neighborhood, Tunisha’s needs present challenges. Tunisha was born prematurely and has medical...
issues as a result. At 12 months, she was diagnosed with cerebral palsy and began receiving early intervention services in her home. Getting all three children ready to go someplace is difficult. Even taking a walk to the store is difficult because Tunisha needs oxygen and has to be taken everywhere in a stroller since she is unable to walk. Sometimes she is fussy and cries so that they have to return home. Tunisha's family is involved in church activities and there is a library and a community center within walking distance of their apartment, but Mama Eva is just not sure how to make use of these opportunities.

Establishing a Philosophy of Participation-Based Services

Services can be provided in a particular setting without being influenced by the characteristics of the setting. For example, early intervention professionals may visit a child at home or in a child care program and remove the child from the setting activities and routines to provide direct intervention with a focus on targeted outcomes on a child's individualized family service plan (IFSP) (McWilliam, 1992; Pretti-Frontczak & Bricker, 2004). When participation is emphasized, professionals collaborate with parents, caregivers, and other individuals to design accommodations and adaptations to promote a child's participation in the activities or routines of the natural setting. Professionals use their expertise to help families include their children in the activities and routines that families identify as important to them (Cripe & Venn, 1997). Professionals can enable children to participate in mealtime routines at home, art activities in a child care setting, or an infant swim program at a community recreation program, for example.

A goal of participation is to enable a child to be included in an activity or routine as quickly and easily as possible; therefore, professionals rely on the use of accommodation and adaptation strategies to ensure success. Targeted learning is emphasized when professionals embed objectives, and specially designed teaching or therapy strategies, from a child's IFSP into the activities and routines of natural settings. When a child has an outcome, for example, of holding onto a spoon and is given a special spoon that the child is able to hold, an adaptation intervention is being used. Providing the child an adapted spoon allows the child to participate in family mealtimes or snack and lunch at the child care center. When a child has an outcome of learning to self-feed independently and the early intervention teacher or therapist teaches the child's caregivers how to use hand-over-hand feeding to teach self-feeding during mealtimes, opportunities for learning a targeted skill are created. In other words, specific opportunities for teaching and learning a particular skill are created within the context of activities and routines that occur in particular settings. Likewise, Tunisha's team initially provided services through a traditional model of home visiting. Then, through the process described following, the team altered their approach to adopt a philosophy of participation-based services.

When Tunisha's physical therapist (PT), Katie, made her first home visit, she carried with her a bolster roll, a bag of toys, and a small mat. The building's elevator was broken, and Katie had to walk up to the eighth floor carrying these items. Mama Eva greeted Katie warmly and made space in the small living room for Katie to spread out the mat and put down the bolster. There were also two other children whom Mama Eva was watching there, so the four children all gathered around while Katie sat Tunisha on the bolster and began to work on balance and teaching her how to stand up from a sitting position. Katie tried to encourage Tunisha to play with some of the toys, but the other children kept grabbing them. Katie
recruited Tunisha’s brother Damon to help her by holding the toys in front of Tunisha up high so that Tunisha would want to stand up and get the toys. Other professionals followed Katie that week. On Friday, Judith, the early intervention teacher, came bringing a snack for Tunisha so that she could work with her on finger feeding. Each of the professionals provided home-based services—services where they worked on Tunisha’s IFSP outcomes while in her home.

After they had been providing home-based services for about a month, the early intervention providers met together informally to talk about Tunisha’s program. They talked about the time required to travel to Tunisha’s home, involvement of the other children in their activities with Tunisha, difficulties in transporting materials to use during their sessions, and ways to involve Mama Eva in intervention activities. Mama Eva was supportive but she did not involve herself in what the professionals were doing with Tunisha. Even though the team members felt that they had explained to Mama Eva the importance of her involvement in their activities, sometimes she even left the room, leaving whoever was there alone with Tunisha and the other children. None of the providers felt satisfied with what was happening. They realized that follow through was difficult when they were using special foods, materials, toys, and equipment with Tunisha and when Mama Eva was not always present to see what they were doing. All of them wondered how services could be provided in ways that would increase Tunisha’s participation in the activities and routines of her family.

Implementing Participation-Based Services

Young children with disabilities spend less time in community activities than their similarly-aged peers (Erhmann, Aeschleman, & Svanum, 1995). Participation in inner-city communities, like the neighborhood where Tunisha lives, may be influenced by family concerns about safety or may be limited by the economic resources of the neighborhood, a family’s resources, or other factors such as ease of accessibility. In other cases, participation may be limited by the time families have available or by families’ abilities to create and use strategies that will enable their children with disabilities to use available resources (Beckman et al., 1998).

Natural Environments Framework

The early intervention team working with Tunisha decides to have a meeting to involve Mama Eva in decisions about better ways to provide services. They meet at the apartment in the evening when Tunisha’s mother, Joyel, is home from her work training program. The discussion is led by Katie, the PT, and includes the service coordinator as well as Judith, the early intervention teacher. The team uses a “natural environments framework” technique to identify the family’s current and desired routines and activities, prioritize those routines and activities requiring support to enhance participation, and generate strategies for promoting participation. The framework focuses the discussion on finding out about the family’s community, the places where they spend or would like to spend time, and the activities and routines of those settings. Teams can use a variety of approaches, ranging from informal conversations to more formal strategies such as routine-based interviews (McWilliam, 1992) or community maps (Campbell, Rayfield, & Charles, 2003) to elicit such information about families’ communities.

Family routines and activities provide a framework for three...
types of interventions: (1) accommodation and adaptation interventions to promote participation in activities and routines; (2) specialized teaching and therapy interventions to address targeted skills for developmental competence and learning; and (3) specialized strategies to address specific issues and concerns related to physical or sensory impairments that may be part of the disability of the child. Discussions with families, caregivers, or community personnel, at formal IFSP meetings or through ongoing conversations, help teams identify: (1) situations in which their expertise can be directed toward improving the activity or routine or promoting children's participation, and (2) family-selected activities or routines that can become a context for specific interventions needed to address targeted developmental skills.

Tunisha's team uses a "natural environments framework" to learn about family routines and activities and begin to make decisions about using participation interventions to improve routines and activities. The team begins with a discussion of the places where Tunisha and her family spend time outside of the home, including community settings the family is not currently using but would like to access. The team learns, for example, that both Joyel and Mama Eva think that the older boys should be in some type of school program but Shakeem is not yet old enough for Head Start and Damon is on the waiting list. Although Joyel is eligible to receive subsidized child care for all three children, no center in her neighborhood has subsidized slots available. All three children are on waiting lists for subsidized care.

Mama Eva had taken the children to story hour at the local library branch on several occasions, but stopped attending when Tunisha cried and fusses so much that the librarian asked Mama Eva to take her outside. On Sundays, the whole family goes to church. Joyel keeps Tunisha with her in case she begins to fuss, and the boys spend time in the church nursery school. Mama Eva also attends church on Wednesdays when Joyel can stay home with the children. The basic household chores are accomplished by both the women, who take turns watching the children or going to the laundromat, stores, post office, or other places in their neighborhood. Usually they take one of the children with them when doing errands, but do not attempt to take all three at once. Most of these activities are accomplished in the neighborhood so that the women can walk rather than having to take public transportation.

Joyel has been in her work training program for eight months, leaving home at 7:30 each morning and often not returning until after 6:00 PM. Mama Eva gets the children up and dressed, watches them during the day, and feeds them dinner. Joyel and Mama Eva often eat "on the run" or after the children are in bed. The team learns that the local YMCA offers "Mother's Day Out," "Mommy and Me" classes, and swimming and gymnastics programs for toddlers and preschoolers, but Mama Eva believes that these programs would not accept Tunisha because of her special needs. Mama Eva does attempt some neighborhood activities such as the apartment complex play yard. She plans outings around factors such as Tunisha's many medical appointments. The family values opportunities for all the children to get out of the house and play with other children, but are not sure how to increase the frequency of these experiences.

As illustrated in Table 1, together with Mama Eva and Joyel, the team summarizes the locations where the family spends time (or would like to spend time) and divides these activities and routines into those going well and those not going well.

Promoting Participation in Activities and Routines

Joyel and Mama Eva select the church nursery school, the library, and playing at home as activities in which they would like to have Tunisha's participation promoted. The team decides to focus first on the library since the story hour is an activity in which both Tunisha and her brothers can participate. The early intervention teacher, Judith, schedules her next visits so that she can accompany Tunisha to the library's story hour. She calls the library first and speaks to the children's librarian so that the librarian will know that Judith is there to figure out ways to help Tunisha participate. Judith meets Mama Eva at the library the
<table>
<thead>
<tr>
<th>Setting</th>
<th>Activities/Routines Not Going Well</th>
<th>Activities/Routines Going Well</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home</td>
<td>Being dressed/undressed on LR sofa</td>
<td>Being fed in kitchen, sitting in high chair or being held by Mama Eva or Joyel</td>
</tr>
<tr>
<td></td>
<td>Playing by self or with brothers with toys or games</td>
<td>Watching TV lying on the floor or sofa</td>
</tr>
<tr>
<td></td>
<td>Potty training and being changed</td>
<td>Listening to music in crib in bedroom or in LR on sofa</td>
</tr>
<tr>
<td>Neighbors’ Homes</td>
<td></td>
<td>Being read to in crib or in LR</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Being bathed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Singing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Playing peek-a-boo and other baby games while sitting on adult’s lap</td>
</tr>
<tr>
<td>Play Yard</td>
<td>Playing outside in play yard</td>
<td>Being pushed around in stroller by other children</td>
</tr>
<tr>
<td>Neighborhood Stores</td>
<td>Running errands with Joyel or Mama Eva</td>
<td>Being talked to by other people</td>
</tr>
<tr>
<td>Church</td>
<td>Can’t participate in Sunday nursery</td>
<td>Staying with Joyel during the church service</td>
</tr>
<tr>
<td>Library</td>
<td>Can’t participate in story hour activities</td>
<td>Listening to stories (if she does not fuss before the stories are read)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Puppets and stick props</td>
</tr>
<tr>
<td>Play Group at the YMCA</td>
<td>Can’t participate in the children’s activities Teachers don’t want Tunisha in the group</td>
<td>Watching what is going on</td>
</tr>
<tr>
<td>Bus</td>
<td>Getting on/off bus with kids is difficult to manage without help</td>
<td>Watching out the window and other passengers</td>
</tr>
</tbody>
</table>
Participation in Natural Settings

following week. Tunisha sits in her stroller, half falling out because the stroller is too small, but smiling and laughing with her brothers, Damon and Shakeem. Clearly, the stroller needs to be replaced. All the rest of the children attending story hour sit on the floor, but Tunisha can not do this without support. Judith sits on the floor and supports Tunisha between her legs, noting that the first thing to do is to figure out a way that Tunisha can sit by herself on the floor.

The librarian begins the story hour with a song. Tunisha sings along even though she can’t say the words, but when the time comes for the children to use small rhythm instruments, there is no instrument that Tunisha is able to grasp. Judith makes a note to bring an instrument that can be fastened to Tunisha’s wrist. She also thinks of a glove with Velcro® on the palm that Tunisha could wear. If Velcro® was placed on some of the instruments, then Tunisha could hold them. Next, the librarian brings out hand puppets and these work great for Tunisha since they slip onto her hand. The librarian reads a story in which each of the children makes his or her puppet move at the right time in the story. Tunisha can’t get her arm all the way up in the air, but she waves the puppet around at the right time. The story hour ends with the librarian asking the children to talk about the story and to make pictures about the story. Tunisha is unable to draw a picture, since she can’t hold the crayons and markers. The librarian then asks each child to say something about the picture and she writes the children’s words on the bottom of their papers. Everyone sings a good-bye song and the parents gather their children to leave the library.

Judith uses an “adaptation hierarchy” (shown in Figure 1) to identify the least intrusive accommodations and adaptations that could be used so that Tunisha can successfully participate as independently as possible in the library story hour. She first identifies equipment and adaptations for positioning (e.g., stroller adjustments; a floor sitter chair; table-top easel) and decides to talk with the PT to figure out how these could be obtained or made. She then works from the top of the list to the bottom to think of ideas that could be used in the story hour. Selecting or adapting activities (e.g., always employing literacy

Figure 1

Adaptation Hierarchy: Facilitating Children’s Participation and Learning

<table>
<thead>
<tr>
<th>Environmental Accommodations:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adapt Room Set-Up</td>
</tr>
<tr>
<td>Adapt/Select Classroom Equipment</td>
</tr>
<tr>
<td>Equipment/Adaptations for Positioning</td>
</tr>
<tr>
<td>Adapt Schedule</td>
</tr>
<tr>
<td>Select or Adapt Activity</td>
</tr>
<tr>
<td>Adapt Materials</td>
</tr>
<tr>
<td>Adapt Requirements or Instructions</td>
</tr>
<tr>
<td>Have Another Child Help:</td>
</tr>
<tr>
<td>Peer Assistance/Tutoring</td>
</tr>
<tr>
<td>Cooperative Learning</td>
</tr>
<tr>
<td>Have an Individual Child Do Something Different</td>
</tr>
<tr>
<td>Have an Adult Help a Child Do the Activity</td>
</tr>
<tr>
<td>Have an Individual Child Do Something Outside of the Room (With an Adult)</td>
</tr>
</tbody>
</table>

(The adaptation hierarchy organizes accommodation and adaptation interventions from the least to most intrusive and provides a systematic way of identifying interventions that can facilitate a child’s participation in activities and routines.)
Judith also thinks of ways that they may develop friendships. Tunisha loves being read to, so she is participating in an activity that she really enjoys. By using a natural environments framework to identify an activity, the adaptation hierarchy as a guide for ideas to promote participation, and a generic information sheet, the team successfully improves Tunisha’s participation in story hour and increases her opportunities to learn the types of skills that other children her age are learning.

**Conclusion**

Increasing participation in natural settings provides greater opportunities for children with disabilities to learn and develop. By capitalizing on natural learning opportunities, children have more opportunities to learn than just those available through early intervention services (Campbell, in press; Dunst, Bruder, Trivette, Hamby, Raab, & McLean, 2001). Children learn many skills that are not targeted on their IFSPs. One way they learn these skills is from exposure to multiple opportunities for learning (Dunst, Bruder, Trivette, Hamby, Raab, & McLean, 2001; Sandall & Ostrosky, 2000). Participation-based services specifically address children’s participation in activities and routines that occur in multiple settings (or natural environments) and, by promoting participation, increase opportunities for children to learn.
| **Table 2**  
**Plan of Strategies to Promote Tunisha's Participation in Library Story Hour** |
|---------------------------------------------------------------|

<table>
<thead>
<tr>
<th>Ways to Position Tunisha</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>When the other children ...</strong></td>
</tr>
<tr>
<td>Tunisha can ...</td>
</tr>
</tbody>
</table>
| Sit on the floor | Sit in her floor sitter chair  
| | Sit with you between your legs  
| | Be propped up in a bean bag chair  
| | Lie on her stomach  
| Sit at a table | Sit in a chair pushed up to the table and with a strap at her hips  
| | Sit in her stroller pushed up to the table  
| Are standing | Sit in her stroller  
| | Stand in front of you with you holding her at her hips (takes two hands)  
| | Stand in front of a table with you behind her so that your leg is between her legs (to keep them apart)  

<table>
<thead>
<tr>
<th>Moving Tunisha</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>When the other children are moving from one place to another ...</strong></td>
</tr>
<tr>
<td>Tunisha can ...</td>
</tr>
</tbody>
</table>
| In the children's section of the library | Be carried or be pushed in her stroller  
| In the library (when entering or leaving) | Be carried, pushed in her stroller, or helped to walk by holding both of her hands and supporting her back against your legs (make sure that her legs don't get too stiff or cross over each other)  

<table>
<thead>
<tr>
<th>Helping Tunisha Manipulate Objects or Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>When the activity requires objects ...</strong></td>
</tr>
<tr>
<td>Tunisha can ...</td>
</tr>
</tbody>
</table>
| Storybook stick props; rhythm band instruments; other objects | Hold objects that are large when placed in her hand (e.g., instead of using a stick on the storybook props, staple Tunisha's prop to a paper towel cardboard tube)  
| | Hold objects that can be placed on her hand or arm so that she doesn't have to grasp (e.g., bells fastened to her wrist, puppets)  
| | Hold objects using her Velcro® glove  
| Markers, crayons, paint brushes | Hold the object with her Velcro® glove  
| | Use fat crayons (the ones with the knobs at the top)  
| | Finger paint instead  
| | Draw with an adult or another child helping her hold the object and move her arms |
Table 2 (Continued)

Plan of Strategies to Promote Tunisha’s Participation in Library Story Hour

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>When you need to understand Tunisha ...</td>
<td>Tunisha can ...</td>
</tr>
<tr>
<td>Ask her yes/no questions</td>
<td>Shake her head for yes (drops her head down) and no (looks and turns her head to the left)</td>
</tr>
<tr>
<td>Give her choices</td>
<td>Look at and reach toward what she wants when you hold up two objects or pictures</td>
</tr>
<tr>
<td>Give her a picture communication board</td>
<td>Look at a picture and reach toward it (her reach is very uncoordinated, so eye movement is more reliable)</td>
</tr>
<tr>
<td>When Tunisha needs to communicate ...</td>
<td>Tunisha can ...</td>
</tr>
<tr>
<td>How she is feeling</td>
<td>Vocalize: smile with pleasant sounds or get fussy and cry</td>
</tr>
<tr>
<td>What she wants</td>
<td>Look at objects or pictures or use her picture communication board</td>
</tr>
<tr>
<td>Her understanding of a story</td>
<td>Look at specially-prepared picture boards or at objects or vocalize (even though she can’t say words)</td>
</tr>
<tr>
<td></td>
<td>Respond within a more structured format, such as answering “yes/no” to simple questions (e.g., “Did Brown Bear see a dog?”)</td>
</tr>
</tbody>
</table>

Note
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References