

Birth to 3



State of Wisconsin Foundations Bulletin #1 (Revised)

NATURAL ENVIRONMENTS AND LOCATIONS OF EARLY INTERVENTION SERVICES

There is a strong commitment to the use of natural environments in the early intervention system. Chapter HFS 90, Wis. Adm. Code, and Part C of the Individuals with Disabilities Education Act (IDEA) require that early intervention services be provided in each child's natural environment.

HFS 90 requires that:

... appropriate early intervention services for an eligible child and the child's family, provided to the maximum extent appropriate in natural environments, including home and community settings where children without disabilities participate, shall be based on the developmental needs of the child. A setting other than a natural environment may be used only when outcomes cannot be satisfactorily achieved for the child in a natural environment. [HFS 90.11(5)(a)]

Federal regulations require that:

Provision of early intervention services for any infant and toddler occurs in a setting other than a natural environment only if early intervention cannot be achieved satisfactorily for an infant and toddler in a natural environment. [34 CFR 303.167]

Further, both state rule and federal regulations define natural environments as: **settings that are natural or normal for the child's age peers who have no disability.**

[HFS 90.03(25), 34 CFR 303.12(b)(2)]

This bulletin discusses:

- the benefits for children and families participating in services provided in natural environments,
- the importance of working with the child's family to increase or enhance their skills to meet their child's unique needs,
- the process used to determine a child's natural environment and the appropriate locations for early intervention services,
- suggestions for utilizing or developing community locations as settings for early intervention services, and
- suggestions for supporting children in community locations utilized as settings for early intervention services.

1. Where are natural environments?

In the Birth to 3 Program, natural environments are:

- the child's home,
- community settings where the child and family typically spend their time,
- community settings where the family hopes they and their child will spend time in the future, and
- community settings where typically developing peers and their families participate.

2. What is the process used to determine where Birth to 3 Program supports and services will be provided?

Early intervention strategies are most effective when they are woven into the context of those routines, activities and settings that are natural and normal for each child and family. Children must have the opportunity to practice and learn new skills within the daily routines and settings where they will use them. The Individualized Family Service Plan (IFSP) team learns about each family's routines, activities and natural settings through the evaluation and assessment process. Evaluation and assessment are most effective when they occur in each family's natural environments.

Throughout the evaluation and assessment process, the IFSP team considers these questions:

- Where do the child and family typically spend their time?
- Where do the child and family experience success? Why?
- Where does the child need support?
- Where does the family need support to enhance their child's development?
- Where does the family want to spend time with their child in the future?
- Where are the places in the community that typically developing peers and their families participate?
- What are the family's routines and activities?

When evaluation and assessment are complete, functional IFSP outcomes are developed which support the child's learning and acquisition of skills within the child and family's typical routines, activities and settings. The team then determines which services and settings provide opportunities to make progress toward meeting the IFSP outcomes.

More than one setting may be utilized to provide early intervention services. For example, the team may support language development by providing speech and language therapy in the home while also supporting the family and child in a community play group. Or, the team may determine that special instruction and therapies will be provided in the child care setting while family education and other services are provided in the home during the evening.

3. What are the benefits to children and families when Birth to 3 Program supports and services are provided in the home?

Young children often spend the majority of their time in their home. There are many benefits of providing early intervention services in this natural environment.

- Early intervention services are more effective when family members are involved and when interventions are incorporated into the family's daily routines.

- Family participation is maximized when early intervention is brought to the home.
- Families feel supported in promoting the development of their children during the many hours in a week when they do not receive services.
- Early intervention providers utilize materials available in the home and address issues or concerns as they occur naturally.
- Children and families may be more comfortable in their home and children may be more ready to learn and demonstrate their abilities.
- Children learn skills in the environment where they use them.
- Many families feel that early intervention is more helpful when provided in the home.
- Children and families do not have to spend time traveling.

4. What are the benefits to children and families when Birth to 3 Program supports and services are provided at the child's child care program?

Many children are spending more of their active hours in child care settings. There are many benefits for supporting children in their child care settings:

- Children receive early intervention services where they spend their time.
- Child care providers and children in the program develop a caregiving bond that is critical to the children's development.
- Children learn skills in the environment where they use them.
- Early intervention providers observe children interacting with peers in age-appropriate activities.
- Early intervention services are more effective when strategies and activities are incorporated into the child care program's routine.
- Early intervention services are more effective when the child's peers and primary caregivers are involved in supporting the outcomes on the IFSP.
- Early intervention providers incorporate the routines, materials and settings of the child care program and address developmental issues as they occur naturally.
- Child care providers become part of the IFSP team and carry out strategies and services during child care routines.
- Child care providers acquire additional skills to support children with special needs.
- Early intervention and child care providers support peer interaction and participation.

5. What are the benefits to children and families when Birth to 3 Program supports and services are provided in community settings in which children without disabilities participate?

All children learn from each other and have the same need to belong. There are many benefits of providing early intervention services in community settings where children with disabilities participate with children without disabilities. Examples of community settings include Early Head Start, Family Resource Centers, YMCA/YWCA programs, neighborhood playgroups, and library story hour. The shift in focus from "separate and special" to "typical and natural" can help establish a pattern of participation in the community as a way of life for the young child and family.

Benefits include:

- Families and children have expanded opportunities to participate in the community.
- The community benefits from opportunities to become acquainted with families and their children with developmental delays or disabilities. These opportunities help communities recognize that children with special needs are children first.
- Children who have disabilities and their families experience a sense of belonging when they participate in community activities.
- Shared activities provide opportunities for children and their families to build friendships and increase natural supports.
- Children with and without developmental delays or other disabilities learn from one another.
- Children with special needs gain increased skills in areas such as cognitive, communication, social, emotional and adaptive development through interaction with children without disabilities.
- When families are supported in their home and community, the likelihood of out-of-home placement is reduced.

6. How do we maintain the family's central role while providing services in a variety of settings?

One of the primary goals of early intervention is to assist families to enhance the development of their infants or toddlers. Early intervention supports and services that are provided in natural environments promote the role of the parents as primary caregivers and nurture parent and child interaction. It is important that strategies are developed that support and maintain each parent's role as primary caregiver when services and strategies are provided in a variety of settings, and carried out by a variety of people.

Regardless of the setting, a parent's involvement is critical to maintain the family's central role in supporting their child's development.

Each family's central role is supported when:

- it is clear that the provider's role is to support and encourage the family;
- the family's concerns, resources and priorities guide service delivery;
- services are provided at times and locations convenient to families;
- the parents are fully involved in decision making;
- the family is active in carrying out intervention strategies in the context of their daily routines and activities;
- the family is involved in evaluating what is and is not working;
- interventions build from child and family strengths and successes across settings;
- communication and team strategies are developed to inform the family what happens at child care or other natural settings when the parents cannot be present. Strategies should include opportunities for the face-to-face sharing of information.

7. What is the early interventionist's role in providing services in natural environments?

Early intervention service providers consult with families, other service providers, and representatives of appropriate community agencies to ensure the effective provision of services in natural environments. To facilitate carryover, service providers should consult with parents and others about the provision of services. All service providers should participate in the

development of integrated outcomes, strategies and activities for the IFSP. Other roles for early interventionists include:

- working with children to improve those developmental skills that will improve their ability to function within daily routines;
- providing opportunities for children to interact with typical peers and others in their community;
- using skills and knowledge to develop strategies with families to weave interventions into existing family activities and routines;
- exchanging their skills and knowledge with other team and community members;
- identifying and utilizing materials that are accessible and familiar to the family;
- helping families to identify their skills and strengths;
- supporting each family's existing skills and strengths;
- becoming culturally competent in the provision of services to families from diverse backgrounds and cultures;
- supporting families, caregivers, and others to plan, implement and monitor a coordinated and consistent approach across settings; and
- collaborating with individuals providing both formal and informal supports.

8. Are there times when an early intervention service may be provided in settings that are not the child's natural environment?

Early intervention outcomes are designed to support each child's functioning within natural environments and to assist the family in enhancing their child's development. For this reason, all outcomes will be addressed in each child and family's natural environments. Decisions regarding the locations of child and family's early intervention services will be based on the individual needs of each child.

There may be exceptional circumstances when an IFSP team determines that it is appropriate for a child to receive a particular early intervention service or strategy in a location that is not the natural environment. These circumstances occur when the team determines that an outcome for the child cannot be met in the child's natural environment. When a particular service or strategy will not be provided in natural environments, all other services should be provided in natural environments. It is critical for the IFSP team to develop strategies to assist families in incorporating interventions into their routines and activities. Service providers are obligated to facilitate family participation in early intervention services.

When services will not be delivered in community settings that include children without disabilities, it is important that the team consider linkages to other community-based programs or activities. This is important to prevent isolation of the child and family. Linkages to the community could include providing some services in, or helping connect the family and child with, community-based programs.

State and federal regulations require that the IFSP include documentation of the locations of each service and a statement of justification when early intervention cannot be achieved satisfactorily in a natural environment. In providing the justification, the IFSP team should follow the steps outlined below.

a. Document how and why the IFSP team determined that the child's outcome(s) would not be

met if the service were provided in the child's natural environment with supplementary supports provided by the Birth to 3 Program. If the child has not made satisfactory progress toward an outcome in a natural environment, the explanation should include a description of why alternative natural environments have not been selected or why it is inappropriate to modify the outcome.

b. Document how services provided in this location will be generalized to support the child's ability to function in his or her natural environment.

c. Document how services provided in this location will include strategies to assist parents in incorporating interventions into their family routines and activities.

Provision of a service outside of the natural environment should be a temporary situation. In addition to the documentation above, the IFSP team should develop a plan, with timelines and the supports necessary, to allow the child's outcome(s) to be satisfactorily achieved in natural environments.

9. How can Birth to 3 Programs utilize or develop community environments?

Birth to 3 Programs may use various strategies to provide services in community settings alongside children without disabilities. Strategies may include:

- providing early intervention services in existing community settings, such as community child care, play groups, library story hour, swim programs, recreation programs or other community activities;
- working with community groups to establish inclusive programs such as child care, toddler groups, story groups, recreational activities; and
- developing inclusive settings and activities such as community child care and play groups.

10. What strategies could an IFSP team use to support other community providers to include a child from the early intervention program?

Depending on the specific situation, a variety of efforts could be used to support providers in a community setting. Efforts might include:

- assisting community providers to identify the necessary accommodations and additional resources needed to support the child in the setting (i.e., modifications in routine, assistive technology, curricular adaptations, volunteers);
- providing consultation or training to community program staff;
- providing or adapting materials and equipment for use in a community program;
- coordinating early intervention outcomes, strategies and activities with community program goals and activities; or
- participating with community program staff and parents in joint meetings and home visits.

11. What have counties done to move from operating agency-based programs to providing supports and services in natural environments?

Local early intervention programs have built upon their tradition of quality services and staff expertise to develop community and home based services. Delivery systems have been modified to assure that services are provided in natural environments. This has resulted in increased

options that have enabled IFSP teams, which include the family, to make choices of location(s) that best achieve each child's individual outcomes.

Birth to 3 Program county administrative agencies can assist staff and contract agencies in providing supports and services in natural environments through a variety of methods. Some methods are listed below.

- Conduct a community needs assessment utilizing a neutral facilitator to determine what resources already exist in the community that could include children from the Birth to 3 Program and determine what other resources need to be developed.
- Involve key players throughout the change process, including parents whose children are in the Birth to 3 Program, parents whose children were previously in the program, county administrators, service providers, child care providers, YMCA/YWCA programs, libraries, schools, public health agencies, and other important community agencies.
- Provide information to the community, families and staff about the benefits to young children and their families when services are provided in their natural environment.
- Discuss and develop models for delivery of services in other settings.
- Provide opportunities for community and agency staff and families to share experiences, successes and challenges they encounter.
- Explore ways to support staff in activities such as planning, consultation, travel and mileage that are not covered by third party payers.
- Identify and develop programs and supports to replace the indirect benefits that parents have received from center-based services such as child care, respite and informal family supports.
- Develop supports from other resources for services, in addition to early intervention, to enable all families to participate in a full range of community resources.
- Meet with other counties or programs to determine how they provide services in natural environments.

12. What is a Birth to 3 Program playgroup?

Playgroups are organized by a variety of community agencies, including Birth to 3 Programs. Common settings for playgroups are Family Resource Centers and Early Head Start programs. The typical model of playgroups in the community involves the child and parent in structured activities and free play. While participating in a playgroup the parents may attend short “educational” activities while their children play.

The two primary principles for “playgroups” within the Birth to 3 Program are 1) parents participate with their child, and 2) the playgroups are open to other children of similar ages and their parents so a majority of children do not have special needs.

Playgroups are viewed as an enhancement to an early intervention program and are not classified as an early intervention service. The primary goal of playgroups is to facilitate socialization for children and learning opportunities for parents. Programs should help families connect to groups in their area that can enhance their participation in the community. The Birth to 3 Program’s role is to support both the child and parent’s participation. If such a program does not exist, a Birth to 3 Program should work with other community organizations to create groups that meet Birth to 3 Program requirements, including natural environments.

13. Can services be provided in a playgroup?

If a family has selected a playgroup in the community, early intervention personnel can provide support for the child and parent within the playgroup. For example, an outcome on the IFSP may be related to positioning and in this case the therapist might assist during story time. Another might address safely using the play equipment in the room. The teacher might be helping a mother encourage her child's participation in songs and finger plays.

In limited cases, playgroups may be a location for ongoing early intervention services. However, the playgroup must meet the criteria for a natural environment. If the child is receiving services in a playgroup setting that does not meet the natural environment criteria, the Birth to 3 Program must justify why the child could not meet the outcomes in a natural environment.

If a county has a playgroup that does not meet HFS 90 criteria, they could continue to provide these playgroups. However, no early intervention funds may be used to support such a group. This would include a county's Maintenance of Effort funds and State and Federal early intervention (Birth to 3) funds.

14. Funding Support for Services in Natural Environments

Federal and State Birth to 3 Program funds are allocated to county Birth to 3 Programs to administer services, supports, and other components of the Birth to 3 Program. In addition to a county's general program allocation and the funds a county contributes and collects for the program, other funding support may be obtained through the billing of public and private third party insurance sources for services provided in the natural environment.

Through Wisconsin Medicaid, there are several sources of funding support for services in natural environments. Targeted Case Management is one strategy by which counties may recoup costs of services in Natural Environments. There is a Birth to 3 Program target for Targeted Case Management that became available in 1996. This target allows Birth to 3 Programs to bill Medicaid for the federal share of service coordination, evaluations not covered by Medicaid fee-for-service, IFSP team meetings, and the travel costs associated with these activities. For more information on the Birth to 3 Program target group, please see Medicaid Update 96-14 found on the DHFS website:

<http://www.dhfs.state.wi.us/medicaid3/updates/96/96pdf/96-14.pdf>

In addition to Targeted Case Management, Wisconsin Medicaid implemented a "Natural Environment" enhanced reimbursement rate for services provided to children in the Birth to 3 Program starting January 2002. This enhanced rate is paid to occupational, speech, and physical therapists for services delivered to children in the Birth to 3 Program in a Natural Environment in addition to the regular therapy rate. More information on the enhanced rate may be found in Medicaid Update 2001-44 on the Department of Health and Family Services website:

<http://www.dhfs.state.wi.us/medicaid3/updates/2001/2001pdfs/2001-44.pdf>

If you need more information regarding the provision of Birth to 3 services in natural environments, call or write to:

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