



The Three R's for Natural Environments: Rationale, Research, Reality

What makes an environment natural?

1. What does the law say?

The text of P.L. 105-17, the Individuals with Disabilities Education Act Amendments of 1997, pertaining to natural environments under Part C follows. (Note: underlined text denotes additions or changes to the statute.)

SEC. 632. DEFINITIONS.

As used in this part:

...(4) **EARLY INTERVENTION SERVICES** - The term "early intervention services: means developmental services that --

...(G) to the maximum extent appropriate, are provided in natural environments, including the home, and community settings in which children without disabilities participate;

SEC. 635. REQUIREMENTS FOR STATEWIDE SYSTEM.

(a) **IN GENERAL** - A statewide system described in section 633 shall include, at a minimum, the following components:

...16) Policies and procedures to ensure that, consistent with section 636(d)(5)--

(A) to the maximum extent appropriate, early intervention services are provided in natural environments: and
(B) the provision of early intervention services for any infant or toddler 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.

SEC. 636. INDIVIDUALIZED FAMILY SERVICE PLAN.

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

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

2. What are recommended practices?

Division of Early Childhood's Position on Services for Children, Birth to Age Eight, With Special Needs

"DEC supports the rights of all children, regardless of their diverse abilities, to participate actively in natural environments within their community. A natural environment is one in which the child would spend time if he or she did not have special needs. Family-centered and community-based care means that service providers not only provide support for children, but they provide support to families and those in the community as well. Service providers must be able to facilitate parent-to-parent connections that link young children and their families to community-based natural supports such as baby-sitters, playgroups, and libraries. Instead of providing direct supports and services only to young children and their families, service providers must also serve as consultants, coordinators, advocates, facilitators, and team members with community providers."

adopted in 1998





A. Natural environments: “settings that are natural or normal for the child’s age peers who have no disability” (P.L. 105-17,1997).

Rationale: For families of children with disabilities, service delivery in natural environments increases the likelihood that family life will be as similar as possible to the lives of members in their community. It supports and maintains the family’s typical and regular participation in the activities of everyday life rather than developing a “separate and special” program.

While families want their children to gain developmental and behavioral skills, they also value friendships with typically developing agemates (Guralnick & Neville, 1997).

Natural environments support the team members to move beyond their “ownership” of the goals, instructional methodology, and service delivery to the child’s rightful ownership of priorities established by the family, using strategies compatible with the family’s beliefs and styles which are facilitated by informed and caring consultants.

Research: Families identify their communities as specific activities, experiences, opportunities, and resources that serve different functions rather than as service programs or agencies (Dunst, 1997).

Children with disabilities receiving services in places with typical peers:

- can progress developmentally (Lamorey & Bricker, 1993);
- can progress developmentally compared to children receiving services in segregated environments (Buysee & Bailey, 1993);
- have more interactions and more appropriate interactions with peers than in specialized settings (Guralnick, 1997);
- have an impact on typical children’s development (Diamond et. al., 1997).
- child and family participation in community activities as teaching and learning opportunities increases with support from early intervention providers. 100% of the families participating in the Building Community Resources Project indicated their own knowledge and skills and their family’s quality of life improved through participation in community activities (Dunst,1997).

Reality: Intervention plans fail to incorporate the daily routine, caretaking activities of the child, and the family’s diverse interests and preferences (Bricker & Cripe, 1992).

Community activity settings do not seem to influence IFSPs or early intervention services (Families and Learning Research Institute, 1998).

The results of the 1998 OSEP Part C monitoring activities indicated:

- Location was based on availability of service, not child needs;
- Lack of sufficient resources or use of community options;
- Lack of individualized decisions by IFSP team.





B. Natural environments: “To enhance the capacity of families to meet the special needs of their infants and toddlers with disabilities” (P.L. 105-17,1997).

Rationale: The philosophy of natural environments is more than just the place for early intervention services. It is a process that maximizes teaching and learning throughout the day using routines, materials, and people common to the family and child (Bruder, 1998).

Caregiving, play, and social routines occur wherever and whenever the child is throughout the day with every careprovider. Enhancing the careprovider’s ability to use the activities of daily life for teaching and learning yields outcomes far beyond any isolated, discipline delivered service (Bruder, 1998).

Intervention becomes portable and adaptable to the family’s interests, needs, and responsibilities. Embedded intervention implemented by careproviders can occur at home, at childcare, in the car, at the soccer game, in the laundramat, in the yard, in the doctor’s office, at play group, at the park, at grandma’s, while visiting the neighbors, or anywhere kids and families go (Cripe & Venn, 1997).

The family with their child is supported to undertake the activities, events, and chores within their community as defined by the family’s values and choices. The use of outcomes that are family priorities and routines-based intervention strategies help families include all family members (McWilliam, 1992).

Research: Children participate in a range of community activities including child care, parent/infant groups, and community resources. Findings from a national study indicated that the number of natural community learning environments are much more extensive than is generally thought with an average of almost 400 different kinds in each community. Families identify anywhere from 750 to 1000 different learning activities within their environments (Dunst, 1997).

Where a family lives makes a big difference in the types of learning opportunities afforded an individual child, but most children, regardless of their disability or severity of delay, experience multiple kinds of learning opportunities (Trivette & Dunst, 1999).

Naturalistic interventions have been shown to be effective in a variety of environments including home and childcare, with individuals and small groups, and with children with differing types and severity of disabilities (Bricker & Cripe, 1992).

Home based interventions are effective when there is active involvement by the parent and when families feel that intervention is being referenced to activity settings (Families and Learning Research Institute, 1998).

Historically, interventions planned by professionals often fail to be fully implemented or sustained by parents (Meyer & Bailey, 1993; Bernheimer & Keogh, 1995).





Reality:

IFSPs

- do not include family outcomes or active participation in child outcomes,
- are not based on family identified priorities/concerns, and
- do not reflect family activities or natural environments (Bruder & Staff, 1998; Odom, McLean, Johnson, & LaMontagne, 1995).

Practice most frequently consists of isolated, skill oriented activities (Cook, Tessier, & Klein, 1996).

Home visitors focus on the child. Family members are not active participants. Service providers do not “teach” family members to incorporate skills into daily routines (McBride & Peterson, 1997).

C. Provisions of early intervention services...occurs in a setting other than a natural environment only when early intervention cannot be achieved satisfactorily

Particular knowledge and skill requirements are emphasized in IDEA requiring the need for training in family centered practices, interdisciplinary teaming, service coordination, and interagency collaboration, in addition to specific knowledge about infant and toddler development (Odom & McLean, 1996).

Rationale:

The basic premise of natural environments intervention is the involvement of careproviders in the teaching and learning process for the child. It is about the process of working in a relationship where other family members and careproviders are doing the actual “hands on” teaching throughout the day, as opportunities arise, with the service provider as a consultant.

Research:

Data from families show early intervention services in which therapists are the primary provider have the lowest utilization rate. Further, the activities prescribed to families by therapists are not rated as favorably as those offered by educators because of the additional time required for implementation and the family’s lack of involvement in goal setting (Kochanek & Buka, 1998).

While essential, team planning is rare due to problems with time, distance, lack of resources, complexities of funding, and differing philosophies on who are the most appropriate team members for a child’s needs (Raver, 1999).

Community service providers want information and training (Bruder, 1998; Pierce, 1998).





Reality: Many service providers are unfamiliar with recommended practices for family centered services, interdisciplinary approaches to integrate therapies, and routine based interventions (Pierce, 1998).

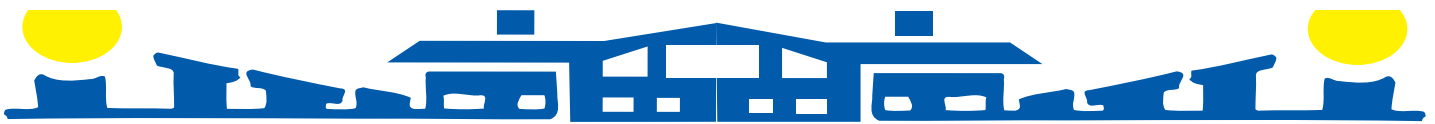
They are faced with the challenges of distance between families, paucity of community services, lack of public transportation, and complex billing requirements as they try to deliver services in natural environments.

Service providers may leave their clinic and begin to deliver intervention at a child's home or childcare but continue working in isolation. They often find changing from teaching children specific skills to "teaching adults how to teach children" is a major paradigm shift (McWilliam, 1996).

"It's the law" (Stettner-Eaton, 1998).

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