Recommended Practices as Leadership and Advocacy Tools

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“I learned a long time ago the wisest thing I can do is be on my own side, be an advocate for myself and others like me.”

Maya Angelou
IDEA: Characterization of Disability, Outcomes, and Principles
IDEA’s Preamble

“Disability is a natural consequence of the human experience and in no way diminishes the right of individuals to participate in and contribute to society.”
- Opportunities to engage in income producing work that contributes to household
- Opportunities in life similar to others without disabilities

- Opportunities to fully participate in decision-making and to experience autonomy in making choices
- Opportunities to be included in all aspects of the community and protected from attempts at segregation

IDEA Outcomes

Equality of Opportunity

Full Participation

Economic Self-sufficiency

Independent Living
What Are IDEA’s Six Principles?

- Zero reject
- Non-discriminatory evaluation
- Appropriate education
- Least restrictive placement
- Due process
- Parent participation
Trustworthy Resources on IDEA

- Rud’s book
- Early Childhood Technical Assistance Center-- https://ectacenter.org/
- Wrightslaw-- https://www.wrightslaw.com/
- Center for Parent Information and Resources-- https://www.parentcenterhub.org/
DEC Recommended Practices
http://www.dec-sped.org/dec-recommended-practices
What Are Recommended Practices?

• Set of practices for children with disabilities, ages birth through 5, their families, and those who work with them

  o Builds upon developmentally appropriate practices for all children

  o Is based on research, experience-based knowledge, and values

    ✓ IDEA mentions research or scientifically-based strategies 76 times; regulations mention them 160 times.

    ✓ IDEA identifies “an insufficient focus on replicable research on proven methods of teaching and learning” as one of two factors that have “impeded” IDEA’s implementation.

  o Is applicable across settings and age groups

  o Describes practitioners’ observable actions or behaviors

  o Applies across types of disabilities
What is the History of Recommended Practices?

• 1991—Task force and work groups formed to work on first set
• 1993—DEC published first set
• 2000—Revised edition published
• 2014—DEC Recommended Practices 2014 posted on website
• 2015—DEC RP Glossary
• 2016—DEC RPs with Embedded Examples
• 2017-2020—Continuous revision through review of research and practice
What Did the 2014 Revision Entail?

• Held listening session at 2012 DEC conference
• Defined parameters and key terms
• Specified 7 topics—assessment, environment, interaction, instruction, transition, teaming, and family; added leadership practices
• Developed work groups for each topic
• Developed first draft and proceeded through eight review cycles
• Held listening sessions at 5 national conferences
What Did the 2014 Revision Entail?

- Conducted telephone surveys with 5 stakeholder groups—State Part C; state 619, higher education faculty, practitioners, and administrators
- Conducted online survey to broaden input
- Reviewed by stakeholders at 2 national conferences
- Aligned relevant research studies with practices and assessed evidence
- Created final draft
LEADERSHIP

The work of practitioners on the frontline is critical to improving outcomes for young children who have disabilities and their families. But practitioners do not operate in a vacuum. Their ability to implement the program, school, agency, or organization for which they work.

State and local leaders establish the conditions that are essential for the successful implementation of example, the policies and procedures they develop and implement. Leaders in early intervention and early childhood program directors and other administrators, practitioners, family members, students, higher education faculty, and central administrators address the responsibilities of those in positions of program authority and leadership related to providing services at risk for developmental delays/disabilities and their families. Examples of such leaders include state, regional, and local administrators, early childhood coordinators, building principals, and assistant directors and coordinators.

The provision of these services is a complex undertaking governed by federal and state laws, funded by appropriated dollars, and administered in different ways. Some of the challenges to implementing the DEC Recommended Practices may have to do with agency staff or local administrators. These challenges may require sustained advocacy from a variety of groups, directed to establish more conducive policies and procedures. Leaders have a professional responsibility to use all available resources to create the conditions needed to support practitioners in implementing the following Recommended Practices.

Recommend the following practices associated with leadership:

1. Leaders create a culture and a climate in which practitioners feel a sense of belonging and want to support the work.
2. Leaders promote adherence to and model the DEC Code of Ethics, DEC Position Statements and Papers, and the DECSA Code of Conduct.
3. Leaders develop and implement policies, structures, and practices that promote shared decision making with practitioners.
4. Leaders belong to professional association(s) and engage in ongoing evidence-based professional development.
Role Play of Using RPs to Advocate during CSPD Decision-Making

• Rud – Part C State Coordinator
• Ann – Family leader and CSPD member
• Advocacy issue—Study of preservice preparation on family RPs throughout all of state’s early childhood programs
• See Pocket Guide—pp. 9-10
Comprehensive System for Personnel Development (CSPD)

• What is CSPD?
  o [https://ectacenter.org/topics/personnel/systems.asp#:~:text=CSPD%20is%20a%20requirement%20of,paraprofessional%20and%20primary%20referral%20sources](https://ectacenter.org/topics/personnel/systems.asp#:~:text=CSPD%20is%20a%20requirement%20of,paraprofessional%20and%20primary%20referral%20sources)

• How should the CSPD function?
Family practices refer to ongoing activities that (1) promote the active participation of families in decision-making (e.g., assessment, planning, intervention); (2) lead to the development of a service plan (e.g., a set of goals for the family supports to achieve those goals); or (3) support families in achieving the goals they hold for their child and the other family members.

Family practices encompass three themes:

1. **Family-centered practices**: Practices that treat families with dignity and respect; are individualized, flexible, and responsive to unique circumstances; provide family members complete and unbiased information to make informed decisions in acting on choices to strengthen child, parent, and family functioning.

2. **Family capacity-building practices**: Practices that include the participatory opportunities and experiences afforded to parents, such as parenting knowledge and skills and promote the development of new parenting abilities that enhance parenting self-efficacy.

3. **Family and professional collaboration**: Practices that build relationships between families and professionals, while mutually agreed upon outcomes and goals that promote family competencies and support the development of the child.

We recommend the following family practices for practitioners:

- **F1.** Practitioners build trusting and respectful partnerships with the family through interactions that are sensitive and responsive to cultural, linguistic, and socio-economic diversity.

- **F2.** Practitioners provide the family with up-to-date, comprehensive and unbiased information in a way that the family can make informed choices and decisions.

- **F3.** Practitioners are responsive to the family's concerns, priorities, and changing life circumstances.

- **F4.** Practitioners and the family work together to create outcomes or goals, develop individualized plans, and implement family's priorities and concerns and the child's strengths and needs.

- **F5.** Practitioners support family functioning, promote family confidence and competence, and strengthen family-child relationships.
Options for Infusing Family RPs

• Separate course
• Embedded content in multiple courses
• Family speakers/panels
• Family co-faculty
• Family service-learning projects
• Family members as class participants
Options for Infusing Family RPs

- Internships with family organizations
- Families as partners on research grants/studies
- Family focus in theses and dissertations
- What else??
Role Play: Use of RPs in Transition Conference

- Rud – Parent
- Ann – Director of Special Education
- Advocacy issue—Placement of child with intensive support needs in inclusive preschool
- See Pocket Guide—p. 8
ENVIRONMENT

Young children who have or are at risk for developmental delays/disabilities learn, play, and engage with their environments such as home, school, child care, and the neighborhood. Environmental practices refer to aspects of the environment, routines, and activities that practitioners and families can intentionally alter to support each child’s development. The environmental practices we address in this section encompass the physical environment (e.g., space and materials), the social environment (e.g., interactions with peers, siblings, family members), and the temporal environment (e.g., seasons). They relate not only to supporting the child’s access to learning opportunities but also ensuring their safety. Remember that these environmental dimensions are inextricably intertwined for young children who have or are at risk for disabilities and their families. Through implementation of the environmental practices, practitioners and families can create learning and living environments that can foster each child’s overall health and development.

Recommend the following practices associated with the child’s environment:

- Practitioners provide services and supports in natural and inclusive environments during daily routines and activities, ensuring access to and participation in learning experiences.
- Practitioners consider Universal Design for Learning principles to create accessible environments.
- Practitioners work with the family and other adults to modify and adapt the physical, social, and temporal environment to support access to and participation in learning experiences.
- Practitioners work with families and other adults to identify each child’s needs for assistive technology to promote access to and participation in learning experiences.
- Practitioners work with families and other adults to acquire or create appropriate assistive technology to promote access to and participation in learning experiences.
- Practitioners create environments that provide opportunities for movement and regular physical activity to maintain wellness, and development across domains.
Small Groups:

Assessment
Interaction
Teaming & Collaboration

How will you use the RPs in your role as a family leader?
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Maya Angelou