

# **Recommended Practices as Leadership and Advocacy Tools**

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**ECPC/DEC Family Leadership Cohort**

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“I learned a long time ago  
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an **advocate** for myself and  
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Maya Angelou

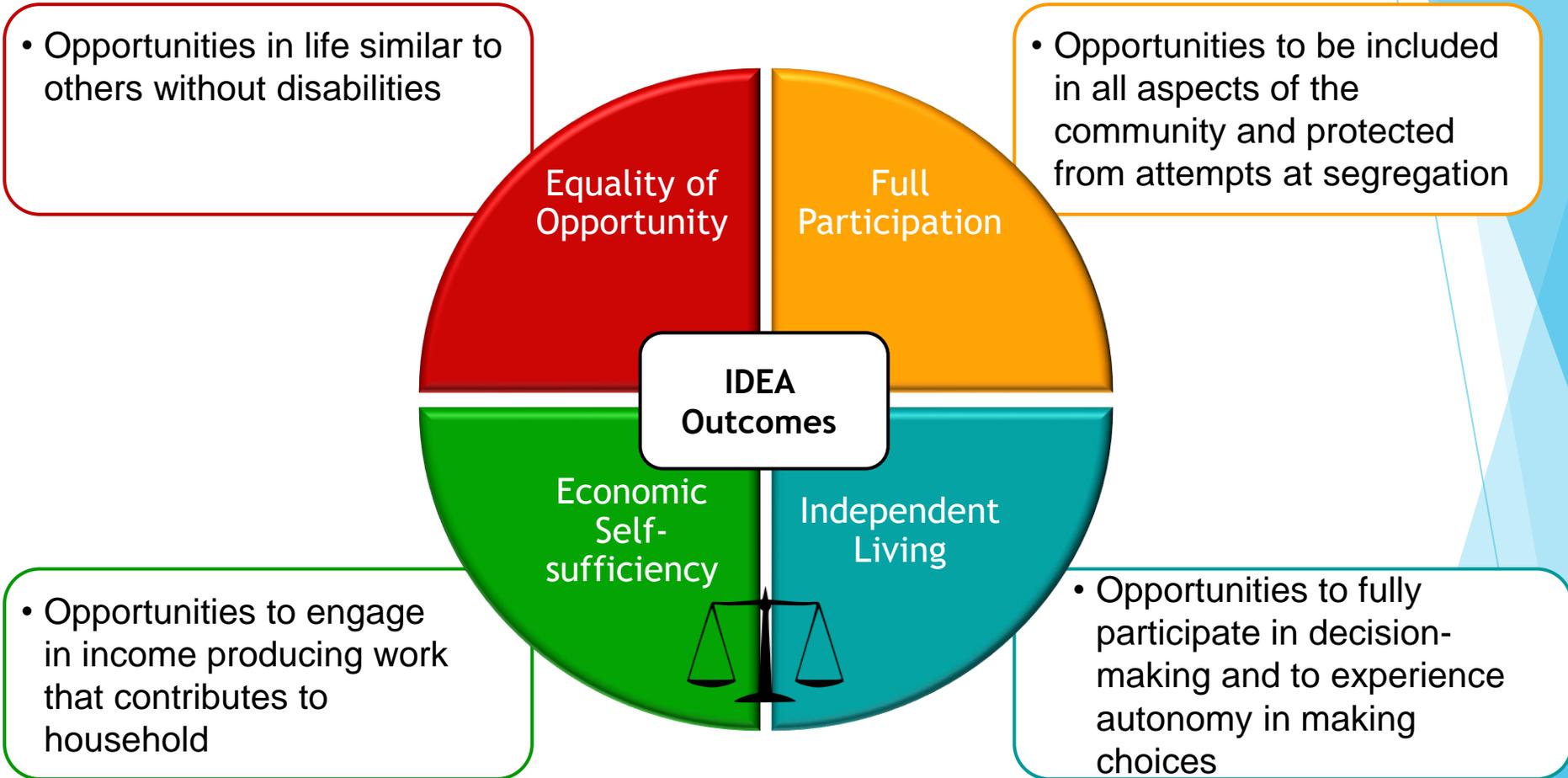


# **IDEA: Characterization of Disability, Outcomes, and Principles**

# 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.”





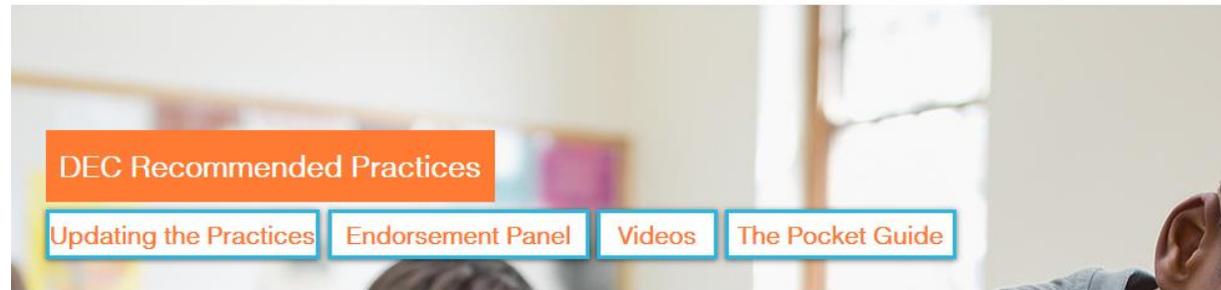
# What Are IDEA's Six Principles?

- 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



  **Division for Early Childhood**  
**Recommended Practices**

-  **The DEC Recommended Practices**
-  **DEC RP Glossary**
-  **DEC RPs with Embedded Examples**
-  **First 2 Chapters of DEC RP Monograph 1**
-  **Share Information about the DEC RPs**
-  **A Quick Overview of the DEC RPs**
-  **DEC RPs with Interactive Glossary**

<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
  - Builds upon developmentally appropriate practices for all children
  - 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.
  - Is applicable across settings and age groups
  - Describes practitioners’ observable actions or behaviors
  - 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 is supported or constrained by 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 the program. For 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 others address the responsibilities of those in positions of program authority and leadership related to providing services to children at risk for developmental delays/disabilities and their families. Examples of such leaders include state, local, and tribal 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 various sources, and administered in different ways. Some of the challenges to implementing the DEC Recommended Practices may include limited agency staff or local administrators. These challenges may require sustained advocacy from a variety of stakeholders 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.

**Leaders recommend the following practices associated with leadership:**

Leaders create a culture and a climate in which practitioners feel a sense of belonging and want to support the program.

Leaders promote adherence to and model the DEC Code of Ethics, DEC Position Statements and Papers, and the DEC Recommended Practices.

Leaders develop and implement policies, structures, and practices that promote shared decision making with practitioners.

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?
  - <https://ectacenter.org/topics/personnel/systems.asp#:~:text=CSPD%20is%20a%20requirement%20of,paraprofessionals%20and%20primary%20referral%20sources>
- How should the CSPD function?
  - <https://ecpcta.org/wp-content/uploads/sites/2810/2019/08/ECPC-Personnel-Self-Assessment.pdf>



# FAMILY

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 and the 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; and support families 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 families to build 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 to achieve mutually agreed upon outcomes and goals that promote family competencies and support the development of family members.

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 the family's 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 understand and use to 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 them in ways that respect the 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 adults in environments such as home, school, child care, and the neighborhood. Environmental practices refer to aspects of the physical environment, routines, and activities that practitioners and families can intentionally alter to support each child's learning and development. The environmental practices we address in this section encompass the physical environment (e.g., space, materials, and equipment), the social environment (e.g., interactions with peers, siblings, family members), and the temporal environment (e.g., schedules and routines). They relate not only to supporting the child's access to learning opportunities but also ensuring their safety and well-being. Remember that these environmental dimensions are inextricably intertwined for young children who have or are at risk for developmental delays and their families. Through implementation of the environmental practices, practitioners and families can create safe and engaging learning 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 to ensure 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 ensure 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 and promote child 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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