

## Supporting Infants and Toddlers with Disabilities or Suspected Delays

Sarah Lytle: Hello, everyone, and thank you for attending today's webinar, Supporting Infants and Toddlers with Disabilities or Suspected Delays, as part of the Baby Talks webinar series. Baby Talks is a series of webinars for teachers, providers, and home visitors working with infants and toddlers serving Early Head Start, Head Start, and child care programs. These webinars will introduce you to some of the research behind the Head Start Early Learning Outcomes Framework, the ELOF. My name is Sarah Lytle, and I'll be helping to facilitate today's session, along with my colleague, Marley Jarvis. We're from the National Center on Early Childhood Development, Teaching and Learning and are based at the University of Washington's Institute for Learning and Brain Sciences, or I-LABS. I-LABS is a partner organization in the NCECDTL consortium, and we're one of the leading infant research centers in the country. Thank you all again for joining us today, and I will now turn it over to our presenter, Marley Jarvis.

Marley Jarvis: Hi, everybody. Thanks so much for joining today. So, OK, developmental disabilities. It's this really large, large, large topic. And so, it's a group of conditions due to an impairment in physical or learning or language or behavior areas, so a bunch of different things. And so, we're just going to scratch the surface today. It'll be a little bit of an overview. But they're quite common. One in six children in the U.S. have some sort of disability or a delay. And note that most of this is coming from slightly older children than infants and toddlers because typically these aren't really diagnosed until preschool years at the earliest.

So, let's kick things off with a poll here. So, go ahead and fill out the poll. I'm just curious how comfortable or knowledgeable you feel right now in supporting infants and toddlers with disabilities or suspected delays. I'll give you a little bit of time here, a few more seconds to answer the poll. OK. I'm sure you'll see that now. So, kind of a range, but thank you for filling that out. That's always helpful to see where we are with that today together. So, we're focusing, of course, today on infants and toddlers with disabilities or suspected delays, but I want to encourage us all to have a shift in our thinking. So, rather than thinking about sort of standard infant-toddler care and then those that need more support. So, really, there's just no normal majority, and instead, all children have varying skills and identities, needs, interests, backgrounds, and abilities. So, all children need identity-affirming, high-quality care that encourages them to grow and explore the world around them and to learn and to build relationships.

And so, I wanted to share with you a story that comes from a TED Talk. We're not going to watch the TED Talk. I'll let you do that on your own time. So, feel free to look it up. It's a TEDx Talk by someone named Todd Rose called "The Myth of the Average." And I wanted to share this story with you. In his TED Talk, this Todd Rose talks about taking you to the 1950s in the Air Force. So, they had a lot of good pilots flying more technologically advanced planes than they had ever had before, but with worse results. And it turned out that the problem was the cockpit and how the cockpit of these planes were designed. So, you have this problem of having mass-

produced airplanes, but wanting the cockpit to fit as many different people the best that it can. And for a long time, this was assumed that the best way to do this was to design with the average. So, Air Force researcher Gilbert Daniels -- he did a big study. He looked at over 4,000 pilots. And they had all these different dimensions -- the things like your arm length or how tall you are, your height, etc. ... And found that if you're looking at how many pilots are average in all 10 of these dimensions, turns out not a single one. So, there was no average pilot. And so, these companies are building planes that are actually not designed to fit anyone. So, instead, the Air Force demanded that the companies who built the plane designed them not for the average, but for the edges of all of these different-sized dimensions. So, now they're adjustable, and we're thinking about designing for the full range of human sizes. And it turned out that then the Air Force ended up with a diverse, broad range of excellent pilots flying for them. So, I think this is a really great story to bring to our early-learning environment. So, rather than designing for the average child, which maybe doesn't even exist and certainly isn't in your program, how are we individualizing our interactions and our learning environments for each child in our care?

So, I want to remind you that you have a great tool at your disposal, this Head Start Early Learning Outcomes Framework -- here the ELOF -- and it's a useful tool to help us think about individualizing support for reaching learning goals across all domains for all children. So, in addition to individualization, another key theme that we're going to be talking about for supporting infants and toddlers with disabilities or suspected delays is thinking about providing support in embedded learning opportunities or natural environments. So, this just means that all children are able to participate fully in activities and routines and things like that along with their peers. And the Individuals with Disabilities Education Act, or IDEA, calls this out specifically. So, if you look at Part C, this is the part that provides comprehensive early-intervention services for children birth through age 2, so infants and toddlers. And it specifically calls out that these services should be provided in a child's natural environment. So, that includes the home, community settings, and so on, in which children without disabilities participate. So, we're thinking about infants and toddlers. And this all is just so important, in particular for infants and toddlers, because we know that infants and toddlers are just learning throughout their day in the context of relationships. So, it's really important that we're both individualizing our interactions and environments but then also that these are happening in embedded learning opportunities in natural environments. You'll hear some of those themes woven throughout the rest of our time here today.

So, here are your session objectives for today. So, this is a pretty big topic. We're going to talk about modifying and adapting classroom center and home environments to provide individualized support and talking about individualizing interactions as well. So, then, lastly, we're going to talk about establishing a program culture that is accepting of differences among people. So, again, this is a pretty big topic. So, we're going to focus on these three things, so the environment, interactions, and also program culture. So, let's get started talking about individualizing environments. So, the environment encompasses a lot of different things. It's also a big topic in itself. But thinking about learning environments or these spaces that children are spending time in and learning, we can think about it in three different ways, so the physical

environment, the social environment, and also the temporal environment. So, we're thinking about not just the space and the equipment and the materials and toys -- that's all very important -- but learning environments encompass more than just the stuff in the room. So, the social environment includes interactions with peers or their family members, community members. And temporal -- so, we're thinking about time, the space and the sequence and the length of routines and activities. And all of this needs to be individualized with the goal that every child can participate fully.

So, I figured we'd watch a video here first of a nice example of that. And so, in this video that I'm about to show you ... It shows how a therapist has embedded this particular child's intervention actually within the classroom instead of working with him in isolation, and she does a really nice job of engaging his classmates to join in some of these exercises. So, pay attention to what you see, what kind of strategy she's using here to support the child's participation and learning.

[Music]

[Video begins]

Therapist: This segment shows physical therapy with a child with a fairly severe neurological impairment. I've found in this 2-year-old classroom that using the free-play time is a great opportunity to work on some of the floor skills that we're working on. The child spends a good part of his day in adapted equipment, whether it's an adaptive positioning chair or a stander, but it's important that he has some time to get out on the floor, where he can move around most easily. So, you can see how these young, rather rambunctious classmates can easily be encouraged to participate and how much they're enjoying participating in Jake's therapy time. Jake, at the same time, feels very much at home with his classmates there. He can hear their voices and hear his teachers' voices. With his rolling, currently without some facilitation, he's just rolling pretty haphazardly. But one of his goals is to try and get him to roll towards either a familiar voice or a familiar toy making a recognizable sound. [Indistinct conversations]

Woman: We could do that, or we could do our exercises. Do you want to do exercises with the pillows? Riley, do you remember how you got a pillow yesterday? Do you want to go get a pillow and we'll do exercise? Everybody can go get a pillow.

Therapist: You'll see that this child has a strong extensor-thrust pattern. So, one of the things that we work on consistently is to try and strengthen his neck and trunk flexors. And in addition to working on this during his therapy time, we have also taught the teachers to do the same "up, up" activity during diaper changing -- or I should say after diaper changing -- both to encourage use of the proper muscle pattern, but also to try and recognize "up, up" as the cue that he is to do that pattern. [Laughter, indistinct conversations]

Therapist: Are you having trouble finding your pillow? OK. Legs up. Legs up. That's right. Legs up, Riley. Oh, good job! Good job! Yeah. Oops! Careful. Wow. We got to keep our feet out of people's faces. Oh!

Teacher: Grace, there you go. Straight up. Straight up.

Woman: Now see if you can put your feet back on the floor. We're going to see if we can sit up. OK. We're going to do Riley first. We're going to go up, up, up with those tummy muscles. Oh! And down. Did you want to come up?

Child: I wanna.

Therapist: Can you come up by yourself? You can come up all by yourself! OK. It's Jakey's turn. OK. You think Jakey can come up? You want to come up, up, up? Jake, you going to come up, up, up? Ready? Up, up, up. Up, up, up. Oh! Good job! That was a good job.

[Music]

Marley: I love that video. I think she does a really lovely job of using embedded instruction in a way that's making kind of contextually relevant learning opportunities. And you notice that there's a lot of really great learning going on there, not just for the child who's getting those exercises, the therapy, but really for all of the children because she's using those other children as models and they're all getting a lot of really great learning and social activities and physical activity and a bunch of really great skills there. And I think it's important to note, for home visitors in particular, that siblings and other children in the family can also really benefit from embedded-learning opportunities at home, too. And it looks like we've had a great question that I wanted to thank about how we can talk to a child with a disability about the crisis that we have right now. I just wanted to mention that we'll dive into that a little bit later in the talk, but thank you for your question. I have it noted. So, as we're thinking about adaptations, just remember that the ELOF is a really helpful tool in thinking about how you can adapt environments and materials to do that individualization to help all children reach some of these goals that are outlined in the ELOF.

So, let's think a little bit more about adaptations. And universal design for learning, or UDL, is a really great framework for thinking about all of this. So, it's referred to in legislation, including the IDEA, the Individuals with Disabilities Education Act. And I've added a link to some more information about universal design for learning in the resources page at the end of the presentation, so feel free to check that out. And where we kind of got universal design from is kind of interesting. It's from architecture and product design or product development. And the idea of universal design was that we're creating spaces or products or whatever it might be that work for everyone. So, regardless of your ability or physical or cognitive characteristics, you're designing these things that are usable by the most number of people to the greatest extent possible. And so, UDL, or Universal Design for Learning, applies this general idea to learning. And a really key part of this is flexibility, so flexibility in the way that children are able to access materials, flexibility in the way that children are engaging with materials, and flexibility in the way that children can show us what they know or show us what they're interested in. So, you're providing a lot of choices here, and you're providing multiple means of engagement, representation, action, and expression. This is all so important.

So, there's an example here of some modifications that can allow for this sort of independence. So, in this photo, you're seeing some modifications that were fairly cost-effective, pretty easy to do, and not permanent so that this child could wash her hands more independently. So, you can see railings attached to the stepladder, clamps attached to the faucet. And this might actually help other children as well. So, it's not just limited to this specific child's needs. And you can think about things like that in home-based settings as well, kind of brainstorming for low-cost modifications that might not be permanent. And again, the goal is helping children participate fully in daily routines and to be independent. And that's generally a goal ... is that all children should be able to use materials in a program and at home. So, if any child can't use materials or can't fully participate, that's sort of your cue. That's your cue that you either need to change something or modify something.

So, I have some examples here on the slide. So, maybe for motor challenges, you might modify eating utensils or paintbrushes -- things like that -- by adding a foam piece, sort of a foam handle to make them easier to grip. You can think of just larger handles or rings, something that's easier to grab on to. You can also think about modifying toys so that there's a button, like on the right photo there, so a little push button that you can use to easily turn on that toy so that more children can play with it. And remember that with infants and toddlers, babies in particular, they're learning through exploring with all of their senses. And this includes their mouths, which is totally developmentally appropriate. We need to keep that in mind when planning for accessibility, because all materials, anything that's within their reach, should be safe for children at this age to explore freely. And also, remember that infants love dump-and-fill activities as well as exploring different colors and textures and shapes and sizes. So, it's important for us to think about how we can adjust to make these activities accessible to all. You might think about making things easier to grasp, like we talked about, or maybe making things larger or brighter for any children with visibility impairments.

And, home visitors, this is a really great place for you to help parents get creative. So, thinking about no-cost or low-cost adaptations to general household items. And remember that reading together is a really great activity for children of all ages. And there are lots of book adaptations that are easy and low- or no-cost. So, for example, try sponge squares or tabs or paper clips that make it a little easier to turn pages. And then for children with vision impairments or low vision, you can think about trying to add in tactile experiences to books as well, so maybe gluing or taping in things that they can feel, like fake fur or fabric or sandpaper, even. And that really is great for all infants and toddlers to explore. So, I'm going to show you another video example here. And it's a very, very short clip, but it shows Davis, who is an infant who has some limited motor ability, and his mom and therapist wanted to make sure that Davis had access to block play. So, they found a way to give him that opportunity. Let's watch that.

[Video begins]

Woman: Yay, Davis! Big pile of them. This is so fun. OK, here they are. Here they are. Right here. Here they are. Go.

[Video ends]

Marley: OK. Let's do ... .. a pulse check here. So, can you think of any way that that child that you just watched, so little Davis, about whether or not you can think of ways that he was working on skills in this area of the ELOF? So, the cognition. So, you should see that now. So, thumbs up if you think he could be working on some cognition skills or thumbs down if not. We'll give you a few seconds there. So, was Davis working on skills within the cognition area? OK, last couple seconds. OK, great. So, yeah. Absolutely. So, one of the things that Davis was working on here is some emergent mathematical thinking skills. So, if we pull up cognition here, one of the goals for this infant-toddler cognition sub-domain for birth to 9 months is that the child explores or examines objects and watches objects when they move. So, this video is a really great example of that. And it shows how you can modify materials to support Davis in being able to practice some of these skills in the home environment. Again, it's a good example of how we can use the ELOF as a tool in thinking through adaptations that help all children meet these goals. So, let's move on to another adaptation: assistive technology. So, there are two types of assistive technology devices kind of most commonly used with infants and toddlers. You have switches and augmentative communication devices. And switches, we kind of talked about already. They can be used with battery-operated toys to give infants opportunities to play with them. And then augmentative communication materials and devices. These allow children who cannot speak to communicate with the world around them, so these are so important. They can be pretty simple. Maybe just pointing to a photo or a picture board, something like that. But they can also be a little more complicated, like pressing buttons, these message buttons on a device that activate prerecorded messages, so something like "I'm hungry," which is an example you're seeing here with a preschool-age child using one of those. And so, assistive technology can also be really successful with infants and toddlers. But sometimes families and providers have some concerns. That tends to be common, so I wanted to watch a video with you all about one provider's concerns and have you, while you're watching this, think about what your response would be.

[Music]

[Video begins]

Provider: I've run a family child-care program for over 20 years now. I went back and got my degree in early childhood education after my own children left home, and I feel like I've found my calling. I provide good care, and it's affordable for families, too. But there is one little girl in my program that I'm worried about: Sophie. Sophie, her sister, Jocelyn, and her little brother, Wes, come to my home three days a week. Sophie's about 2.5 now. Sophie has struggled with motor delays and doesn't really talk at all. Her mother, Holly, is an amazing woman. She has five children and works part time at a nonprofit. She's spent the last year working with therapists to help Sophie learn to walk and sit on her own. Sophie has also had some vision problems, and they say it's a miracle that she can see at all. Now, her mom is working with a speech therapist who has introduced these communication boards for Sophie. Her mother showed me a few of the boards. They have these squares with pictures on them. And Sophie is supposed to point to the pictures to ask or tell us about something. I've never used anything like this before. I know we all want Sophie to be engaged and to interact with those around her. But is using a

communication board like this really good for her? How will she be motivated to talk if we tell her to use the board? Shouldn't the therapist be working on getting Sophie to use words? What if the communication board isn't right there beside us? Maybe we forget to take it with us when we go outside, or it doesn't have the words on it we need. I know that Sophie's mom and her speech therapist have her best interest at heart. I'm just not sure this is the best direction to take. I'm afraid she will stop trying to talk if she uses the board.

[Music]

[Video ends]

Marley: OK. I'm curious from you all if you have heard or encountered this concern before. So, you should see the pulse check now. So, show me a thumbs-up if you have encountered this concern. Thumbs down if you haven't. It can be with providers, teachers, parents, etc. I'll give you a few more seconds here to vote. So, thumbs up if you have encountered this concern; thumbs down if you haven't. So, it looks like quite a few of you have encountered this, which is sort of what I was anticipating. So, I thought it would be helpful to think through what some possible responses are. This is a common concern, which is totally OK. Let me go ahead and end the pulse check here now.

But many of the skills that are learned in life begin in infancy. And so, assistive technology can be a really wonderful way that helps infants and toddlers with disabilities learn many of these crucial developmental skills. And with assistive technology, they can often learn the same things that their nondisabled peers learn at the same age. They're just learning it in a different way. And communication skills at this age are especially important. When we're thinking about how infants and toddlers learn, they're learning through interacting with other people, with people they have close relationships with. So, anything that we can do to help build those communication skills is a really great thing. And research actually shows that using these kinds of devices may encourage a child to communicate more. They might increase their communication efforts and get better at communicating. And, of course, the earlier a child is taught to use one of these devices, the more easily a child is able to learn to use it. So, the earlier the better is really great.

So, we're continuing to think about supporting skills across the ELOF for all children. So, how about supporting the perceptual, motor, and physical development domain of the ELOF? So, this includes things like fine and gross motor development. So, I'm going to share with you a video of a really nice example of a caregiver providing support for a young child with some motor challenges as he explores the playground. So, the outdoors is a really great place to work on skills in this domain of the ELOF. And I also wanted to note here in terms of her communication with supporting this toddler here ... So, even if you don't speak the same language as what she's speaking in the video, her nonverbal communication is so clear that I bet you will understand what she's saying most of the time. And this is just such a wonderful way to support young children's learning.

We're going to talk even more about communication strategies in the next section, which will be on individualized interactions. OK. Let's watch. Caregiver: You want to go down the slide? [Speaking native language] [Indistinct conversations] [Speaking native language] Yay! You did it! [Speaking native language] Go up. Yay! You did it! Did you do it? Yes, you did. OK. [Speaking native language] OK, put your hand there. OK? Ready. Set. One, two...

Boy: ...two, three. Caregiver and

Boy: Woo! Was that fun? Yeah!

Marley: So, there are many benefits to outdoor play, and really all children should have access to this. So, I think this is a really nice example of supporting infants and toddlers with disabilities in exploring the outside. And I wanted to point out how she provides just enough physical support, so she's using both verbal support with directions and pointing to where to hold on and put his hands and things like that and some physical support, but she's never really taking over. And she's also celebrating with him his success. So, since we are all spending much more time at home these days, I wanted to talk even more about some more tips for outdoor play with some ideas of things that can be incorporated at home. So, for infants, engaging in the outdoor environment likely involves kind of being held or keeping the infant close while continuing natural routines, like feeding and sleeping. And what you can do is comment on what you see and what you hear and what you smell and feel. Things like grass and leaves and natural materials can be really interesting for young infants as well as listening to dripping water or trickling water, maybe from a fountain or even just pouring water between containers.

And for toddlers, offer opportunities to examine or watch for animals or insects, maybe dance or move around like the animals that they see outside. And toddlers also love pulling wagons or pushing dolls and carriages, using tricycles, other riding toys. So, you should be thinking about how these activities and materials can be made accessible to all children. One way is to consider new ways that children can use these sorts of things. So, a tricycle might support a child in standing or in activities of pushing or pulling, even if they're not actually able to ride it. Just a reminder that there's no one right way to use a toy. So, follow their lead and just watch for cues for what they enjoy.

So, we're going to move on now to talking about individualized interactions. So, especially for infants and toddlers, learning really happens in relationships. And we know how important this is for brain development. So, during the first few years of life, brain development really, really depends on these strong social relationships with their primary caregiver. And young children, they're noticing a lot of these social cues from us. So, our speech, our gaze, where we're looking, our actions and gestures, and our mood, and whether or not we're responding to them or whether we're responding to their behaviors or any vocalizations. And when we respond right away, this is a responsive contingent reaction. So, when we respond contingently, it encourages more babbling and communication from the child.

And this responsive, in a contingent way, is a really wonderful strategy for encouraging an infant or toddler with disabilities or delays to share their interests and their needs with you.



And not only that, but these back-and-forth, responsive, and contingent interactions, they are relationship building. So, they build trust and build relationships between you and a child. So, they're really, really important for supporting infants and toddlers. So, as you're looking at these photos, what do you see the adults doing here? There's some really intentional body language and facial expressions. And if you're thinking about communicating with infants and toddlers, especially really early on, or those with some disabilities or certain delays, what does that communication look like? It might vary. They might smile or cry. They might look at something or something else. They might use their hands or other body parts and gestures or movement. And home visitors can help parents become more attuned to what all of those cues might be and then help look for them and also pay more attention to what cues they might be giving off that their child is picking up on. And when you're thinking about interactions you have with children with disabilities, it's important to remember that these interactions might look a little bit different. So, children may need a little bit more time to respond. So, make sure that you give them that time and space to provide a response and to kind of process any incoming information. And you have to observe closely. Some of those responses might be really subtle, so maybe a small change in facial expression or their body language or posture, or it might be a vocalization, or it might be a gesture or maybe even just a slight change in where they're looking. And this is one of the reasons that it's so important for you caregivers to build a strong relationship with that child -- because you can learn what's typical for that individual child. And this means that adults need to have some patience and attention to observe and interpret the child's method of interacting and responding. So, there's no correct way for an infant or toddler to communicate with you.

And, of course, these communication strategies are going to vary, they're going to differ from one child to the next. And there's some interesting research around that that I thought I would share. For example, colleagues here at I-LABS, the Institute for Learning and Brain Sciences, found that infants who are deaf had enhanced gaze following when compared to hearing infants of the same age and gender. So, what this suggests is that deaf infants are paying special attention to the social cues of other people. And this just highlights that no matter who you are, there's this fundamental human capacity to learn socially and build connections with our fellow humans. So, we can think about how to make those communication cues accessible to all children. So, you might think about reducing noise levels or other distractions, either in the classroom or at home. And this can be particularly helpful for children with visual or hearing impairments or for children who maybe struggle with sustaining attention. So, an important note here is that research tells us that even if a child has a language or other delay or disability, adding in a second language like ASL is not going to confuse the child or lead to further delays. So, it's really important to provide home language supports for all young children. And home visitors may find that some families have been told mixed information about this. So, they may appreciate reassurance that learning more than one language does not cause delays. Imitation can be another great communication strategy for some young children. And research shows that imitation can be particularly engaging for children with autism. So, for example, if a child maybe makes a movement or maybe a vocalization, try imitating them back playfully. And it can be a really powerful tool for building relationships and connecting with infants and toddlers with disabilities. So, this is a great place for home-based programs to kind of explore some

imitation games with parents and caregivers and can be a lot of fun. So, in general, we should be working to broaden our communication strategies. So, are there a different type of way of communication that a child might prefer? Again, as long as we're boosting communication, there's no wrong way to do it, so just try something out, see how the child responds, and follow their cues. And this is going to proactively help any children with language or communication delays. And really, it's helping all infants and toddlers communicate their needs and interests to you more easily. So, in turn, this will help reduce behaviors that you might find challenging. We're going to do another pulse check here. OK, so you should see this now. So, give a thumbs-up if you can think of ways in which imitation and gaze following support skills in the social and emotional development and language and communication domains of the ELOF. So, go ahead and find that thumbs up or thumbs down. We've been talking about gaze following and imitation. So, do these support social and emotional development and language and communication? Give you a few more seconds on your pulse check here. Thumbs up or thumbs down. Yeah, social cues, things like gaze following and imitation, all of these things we've been talking about, they're great ways to support children's language and communication. And then, because of that connection, also social and emotional development for all young children. Another great way to individualize interactions with infants and toddlers with disabilities or suspected delays is through play. So, children love to play with adults, in particular those who they have a strong relationship with. So, we always like to say that you are the most important toy in the room. So, while we're all spending a lot of time at home these days, here are some additional tips for playing with your infant or toddler. So, reading out loud with babies is always a really great ritual to get into early on. It builds positive association with reading and literacy for infants. Some parents worry about when babies are putting books in their mouth, things like that. But allow babies to feel, touch, explore the books. This is all developmentally appropriate foundational literacy skills. So, respond to them, laugh, smile with them. Think about different sensory play. So, even just tearing newspapers into strips and having crumpled newspaper or air, like a fan, or water and natural materials like grass -- All of these different ways of exploring their senses is fantastic. You also want to spend time talking, explaining in simple language what you're doing. And home visitors can help parents involve their babies in whatever they're doing at home. Folding laundry may not seem like play for you, but daily activities are a really great opportunity to play with your baby. They love spending time with you in that way. So, individualized interactions for infants and toddlers also means including interactions with their peers. And so, this is something we can do even while we're apart, with the help of technology. So, I'm going to show a really lovely three-and-a-half-minute video here. And it's showing how video peer modeling was used to support this 2.5-year-old, Nelcy, to start using a walker and ultimately walk without it.

[Video begins]

[Music]

Joyce A. Malia: Nelcy is a 2.5-year-old little girl that we are seeing at home visits. She really liked doing things with her family. She became a really good signer, and she really persisted with activities after she had learned them. She had been in the hospital for most of her life and

was waiting for a kidney transplant, and she wasn't allowed to be around any other children or out in the community at all. She had a lot of leg weakness, and we knew that she wasn't going to be able to walk right away without using a walker. So, I brought the walker in, and it was around the house. And I had asked the family to try to have her stand up with it or just have her sister try it, and it didn't seem like it was going anywhere. Nelcy had spent a long, long time in the hospital -- months and months -- and anything new that was presented to her, she would just not have anything to do with it. Weeks later, she still would start crying if she saw it or if we tried to get her walking with it. At the same time, we had a little girl in class, and she was walking with a walker and was doing really, really well. And I thought maybe if she saw someone who looked just like her walking with a walker, then maybe she would give it a try. But there was no way to get the two of them together. So, we did a video of Gina walking with her walker at school.

Woman: Wow. Look at that Gina go.

Joyce: And we brought it to Nelcy's home, and they put it on the computer and they kept playing it. And it was very interesting to us because when she first saw Gina walking with the walker, she did not want to look at her, and she wanted to close the computer down. And I said, "No. Let's just keep trying it. Just have her watch and comment on her looking at the little girl walking with the walker." And it took another couple of weeks. And then she was really watching her and seeing what she was doing. And then we had her try the walker that had been in the home all along. And she was able to take a few steps with a lot of encouragement.

Woman: Uno, dos. Uno, dos. Uno, dos.

Joyce: Everyone was so happy to see how much progress that she had made. And we were so happy, too, that we had a real success story. Besides Nelcy's family being very happy, Gina and her mother really felt that she was really helping out another child. And so, that just was a real heartwarming idea for us.

Woman: Really? What?

Woman: Three thousand feet.

Joyce: It was great for us to see that there was a way of actually having her be successful. And after a while, she was really able to do it.

Woman: She's walking with her mama.

[Music]

Marley: So, I think that's such a nice example of individualizing interactions in a way that is really specific to this child and taking advantage of that child's peers, even when it wasn't safe for that child to be actually face-to-face with their peers. So, it's a really nice reminder for us right now that we can take advantage of technology to foster connection for all young children and ourselves, even while we're spending a lot of time apart. So, we're going to move on to our

final section now. And we're going to talk a bit about creating a general program culture that is accepting of the natural differences between people. So, this is a part of supporting all infants and toddlers. So, we need to foster program cultures that celebrate our differences because every child is unique. And this also means that we need to focus on honoring and affirming identities rather than just acceptance or tolerance. So, this includes ability as well as race as well as culture and language and the many other intersecting identities of the children and families in our program. So, children naturally notice differences between people, and this happens all the way from the time that they're born.

So, very early in infancy, children are noticing differences between people and have a natural curiosity about things that they notice. This might be race. This might be a visible physical disability or other difference. And some adults falsely believe that we shouldn't talk about these things, that we shouldn't talk about these differences because pointing them out will increase biased thinking in children. We actually know from research that the opposite is true. So, research tells us that taking the colorblind or the disability-blind approach actually increases biased thinking because we're leaving children to sort out the meaning behind the differences that they're noticing on their own. So, this causes them to rely on things like stereotypes. But talking about things like this can take practice. So, many adults struggle with how to respond when a child in the grocery store asks loudly about somebody's physical disability or their race or other difference. And many adults might respond with embarrassment or anger. And what this is doing in that moment is it's teaching that that difference must be something to be ashamed about. So, home visitors can really help provide some support for parents that are struggling with this here. And this is the same about talking with children, back to that earlier question, about what all is going on today in the world. So, adults should not shy away from these topics but calmly help children make meaning of what they see and what they hear.

Address stereotypes directly and help them piece together what they see and what they feel in the stress that their caregivers might be going on. And the current focus on racial injustice in this country is really bringing the importance of this to the forefront. So, again, this is a really wonderful place for home visitors to provide some extra support for parents. And we – in this field – we have this really unique opportunity where we're working with children and families really early on in a child's life. And so, we're able to address race, equity, and bias in this really unique way. So, I encourage you all as we're working to support infants and toddlers with disabilities or delays. I encourage you to do some of your own research into DisCrit. This borrows from both critical race theory and also disability studies and sort of where those intersect.

And we need to always continue to read firsthand perspectives and opinions from people with disabilities if we do not have any of our own. So, it's also important that we're learning and thinking about our own use of ableist language and the impacts it can have on other people. Sometimes these things can really become embedded into what we think of as normal language. But it could include things like saying, "That's crazy," or "That's lame," which can negatively impact people with cognitive or physical disabilities. So, all of this is part of fostering

a program culture that celebrates our differences and identities. And it's a key part of responsive caregiving and relationship building.

So, all children need responsive caregiving and nurturing relationships, but especially infants and toddlers. So, for some children, trauma can result in diagnosis -- a diagnosis of a disability or of a delay. There's a couple reasons for this. One can just be missed diagnosis due to behaviors that challenge adults but really have roots in trauma, so it's something we need to be aware of. It can also be due to the way that chronic stress can impact the body, so the immune system, the endocrine system, among other health impacts. So, this can result in changes that range from subtle incapacities to general developmental delays. The good news here is that access even to just one responsive, nurturing caregiver in a child's life can provide resilience to the effect of toxic stress, so that's where we all come in. That's where caregivers come in and parents come in. So, especially in challenging times like this -- coronavirus outbreak, ongoing exposure to racial injustice -- it's essential to support children and families in managing stress and developing strong, nurturing bonds. So, you can help reassure parents that the best thing that they can do for their children right now is their strong relationship. So, infants and toddlers can pick up on the stress of their caregivers. And so, maintaining their own stress can be one of the best things that parents can do.

So, I wanted to take a little moment here for a mindfulness exercise -- a very, very simple one. You can do this with teachers and families and just for yourself throughout the day, to take care of yourself. Go ahead and stand up if you're able and take a moment and breathe in really deeply. And if you're standing up, kind of slowly shake your arms around, so kind of wiggle it out, give your fingers and toes a little wiggle and breathe in deeply and start to become a little bit more aware of your breath. So, breathe in, and breathe out. And yawning can help, so you might try a fake yawn if you have to. So, do a couple fake yawns. Sometimes that'll trigger real ones. And you might even try sighing or saying "ahh" as you exhale. And these fake yawns, maybe even leading to real yawns that can help interrupt your thoughts and your feelings and kind of bring you into the present. So, after a few deep, full breaths or yawns, you can stretch really, really slowly for at least 10 seconds. And if you notice kind of any tightness, you can kind of just say hello to that place, being mindful, noticing without judgment. And take another 20 seconds to kind of notice and stretch and breathe. I kind of call this the yawn- and-stretch mindfulness break. It can take 30 seconds. You can use this as a break anytime throughout your day. And I encourage you to have parents give it a try to help reduce some stress.

Part of creating a supportive program culture is reducing stress for teachers, for parents, and for children in the program. So, take care of yourselves. Take care of each other. There's a lot of questions about COVID-19 and our response and what we do right now. So, I wanted to make sure to point out ... I think it's already been shared, but I also have the ECLKC's response page for COVID-19. It has tips on parents, caregivers, providers. I've added that link at the end with all the resources. And I'm also adding this flyer that I'm showing here. It's a resource on self-care for caregivers and teachers. So, lastly, creating a program culture that is accepting of the natural differences between us. It's good for everyone. And inclusion and early learning

programs is a really great example of this. We know from a very large body of research that inclusion has benefits for all children. So, it's not just good for children with disabilities.

This peer support really goes both ways. And we know that living and learning alongside children with disabilities really helps all children know that everyone can make important contributions in life and that we all have different needs and abilities and strengths. So, there is no normal majority and then other people that need additional support. We're all contributing, and we're all unique and different. And children are entitled to these benefits of inclusion no matter what their language or cultural background. So, today, we've just skimmed the surface of a very large topic but kind of talked about supporting infants and toddlers with disabilities or suspected delays with environments, interactions, and program culture. So, we talked a little bit about the myth of the average, that really all children need individualized care and that universal design for learning can be a really great guide for us. So, we're thinking about providing adaptations, individualizing our interactions and environments, and broadening our communication strategies that we use with children and the importance of play and building relationships.

And then lastly, we talked a little bit about some of the intersecting identities of the children and families in our program, so it's important to talk to children and help them make meaning about the differences and other things that are going on that they see in the world. So, we must all work to foster program cultures that celebrate, honor, and affirm the many identities of children and families that we serve. This is really a key part of responsive caregiving and reducing stress and possible harmful effects of toxic stress. So, we have a really unique opportunity here to support children and families in early childhood, which is such a wonderful and powerful thing.

So, lastly, speaking of our wonderful early-childhood community, remember that your peers are also a resource for you. So, if you haven't already, you might want to look up and join the Disabilities and Inclusion Network on MyPeers. So, it's this online space for networking and peer support. You can share and respond to challenges or pose questions, share resources, but it's also a really great way for us to connect with you, maybe around new resources or other requests that you might have for support. So, if you're already a member of MyPeers, you can find this by searching under "all communities" and then select the blue "join" button. I also wanted to mention that I've added these two pages of resources and support here, and you can download and save these resources as a handout from the resources widget. That's that green widget down at the bottom of your screen. And you can also find a handout of all the PowerPoint slides, so you can download both of those things in a handout format. So, with that, I'm going to turn it over to Sarah again to wrap us up, but I wanted to thank you all for being here and spending this hour with us.

Sarah: Wonderful. Thank you so much, Marley. And thank you all for joining us.