



# Early Intervention Professional Development Systems Guide: Exploration and Building Partnerships

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This document is intended as a guide for state deaf-blind projects as they engage in systems technical assistance (TA) planning and delivery related to professional development for early intervention (EI) providers working with infants and toddlers who are deaf-blind. For the purposes of this guide, professional development refers to training and other opportunities to increase the deaf-blindness-related knowledge and skills of individuals who work with infants and toddlers who are deaf-blind.

This document is part of a broader resource called [Changing Systems: Moving Beyond Child-Specific Technical Assistance](#), which is where you will find specific systems-change activities. NCDB's [Interveners and Qualified Personnel Initiative page](#) also has a wealth of resources to inform systems-change activities.

There are two main sections:

- **Exploration** – Gathering information about the professional development needs of individuals working with infants and toddlers in your state and the agencies and organizations responsible for providing training
- **Building Partnerships** – Developing partnerships with individuals and organizations that share your goals related to qualified personnel for infants and toddlers who are deaf-blind

“System” refers to a collection of agencies and individuals and the regulatory structures and processes that guide how they function. Professional development for EI providers typically involves the following systems:

**Part C of IDEA.** Part C is a federal grant program established in 1986 to assist states in providing a comprehensive, coordinated state-wide system of early intervention services for infants and toddlers with or at risk for disabilities and their families.

Personnel who are most likely to benefit include state Part C coordinators, early interventionists and therapists, family support specialists, and any individuals responsible for disseminating information about evaluation and identification of infants and toddlers with disabilities.

**Early hearing detection and intervention (EHDI) programs and Hands & Voices.** EHDI programs in every state are responsible for newborn hearing screening. Hands & Voices is a non-profit, parent-driven organization dedicated to supporting children who are deaf or hard of hearing. It has a cooperative agreement to support EHDI programs through family involvement.

EHDI personnel who are most likely to benefit include EHDI coordinators, audiologists, and staff responsible for screening, follow-up, and referral from EHDI to Part C and Hands & Voices. Hands & Voices personnel most likely to benefit are state parent leads, volunteers, and staff.

**Health Care System.** The term “health care system” has a variety of meanings. For the purposes of this guide, it includes hospitals (particularly NICUs), medical centers, clinics, and medical homes serving young children.

Personnel most likely to benefit include developmental pediatricians, medical home staff, NICU and NICU follow-up clinic staff (including social workers), ophthalmologists, otolaryngologists, and audiologists.

**Community Programs.** Programs to support infants and toddlers and their families exist in most communities. Examples include

- Early Head Start
- Children and Youth with Special Health Care Needs (CYSHCN) programs
- Early childhood outreach programs at schools for the blind or the deaf
- Family support agencies/parent training and information centers
- Foster care and adoption agencies
- Child protective services
- Organizations that focus on a specific disability or condition
- Private foundations and organizations formed to support children who are blind/visually impaired, deaf/hard of hearing, or have multiple disabilities/complex health conditions

Personnel most likely to benefit include staff or volunteers most likely to interact with children who are deaf-blind and their families.

Professional development training needs related to deaf-blindness vary depending on the type of system. Training for health care and EHDI personnel typically focuses on raising awareness of the needs of infants and toddlers with deaf-blindness as well as identification and referral practices. Training provided to Part C and community program personnel covers those topics, but also more in-depth topics such as assessment and interventions that promote learning and development.

# EXPLORATION

## Initial Needs and Resources Assessment

You likely already have a significant amount of existing data about EI professional development in your state but may also need to collect new information. This section provides recommendations about useful data sources and the type of information that can be obtained from each.

Be sure to discuss your findings with other staff members (if you have them) and possibly even your advisory committee to obtain a broad perspective on what they mean.

## State Child Count and Technical Assistance Data

Your state deaf-blind child count includes data—such as age of initial referral, common etiologies, and other factors—that can help determine where to focus professional development efforts. This can be especially helpful for developing training on early identification and referral. Some state deaf-blind projects may find it useful to complete the [Early Identification and Referral Self-Assessment Guide](#) (or review the findings, if already completed) to help identify gaps and barriers that you can address through professional development, and focus your efforts on the system or systems where you can make the largest impact.

Documentation from previous TA (e.g., training, facilitation, consultation) provided to families and service providers can be used to identify common training and service delivery needs. Documentation includes individualized TA documents (e.g., intake and planning forms) and evaluations from workshops and other training events.

The following questions can help guide your analysis:

- What percentage of infants and toddlers on your child count have at least one EI provider trained in deaf-blindness?
- Who is requesting TA and training related to early intervention?
- What topics (e.g., identification, communication, mobility) do TA recipients indicate they need help with?
- What format and delivery methods do they prefer?
- What is the level of awareness among providers, family members, and administrators of the unique competencies required for EI providers who work with infants and toddlers who are deaf-blind?

## State and Local Systems

This section provides guiding questions to help you learn more about the system or systems you would like to collaborate with on professional development. It starts with overarching questions, followed by questions for each system.

### OVERARCHING QUESTIONS

- What personnel and agencies in your state provide intensive intervention to children with multiple disabilities, aged birth through 2? Do they recognize the importance of professional development in the area of deaf-blindness?
- Are there areas of your state with fewer EI training opportunities than others—for example, due to lack of resources (e.g., funding, trainers)?
- What type of early intervention training does your state offer as part of its comprehensive system of personnel development?
- What EI training opportunities are offered by professional membership organizations

### PART C QUESTIONS

- What are the education, licensing, and professional development requirements for EI providers in your state?
- How do early intervention providers in your state receive professional development?
- Does your state have a Comprehensive System of Personnel Development (CSPD)?
- If your state does not have a CSPD, how does your state's Part C agency provide early intervention training?
- What is your state's Part C agency currently doing to address the professional development needs of service providers who work with infants and toddlers who are deaf-blind? Is it adequate?
- What opportunities exist to partner with Part C to integrate or improve knowledge and skills on deaf-blindness in existing professional development structures and opportunities?
- Are there statewide or federal early intervention systemic reform efforts occurring in the state? Is Part C part of that reform?
- Is your state receiving national technical assistance related to early intervention—for example, from the Early Childhood Technical Assistance Center or Early Childhood Personnel Center.
- Who is leading and funding any reform efforts?

For background information about Part C, see [Get to Know Part C](#) in the *Early Identification and Referral Toolbox*.

### **EHDI/HANDS & VOICES QUESTIONS**

- What are the deaf-blindness training needs of EHDI/Hands & Voices personnel in your state? In most states it involves awareness of the needs of infants and toddlers who are deaf-blind and appropriate identification and referral processes. Is this true in your state? Are there additional training needs?
- What type and frequency of training do EHDI/Hands & Voices personnel currently receive related to deaf-blindness? Is it adequate?
- What opportunities exist to partner with EHDI/Hands & Voices to integrate or improve deaf-blindness knowledge and skills in their existing professional development structures and opportunities (e.g., EHDI advisory or planning meetings)?

For background information about EHDI/Hands & Voices, see [Get to Know EHDI and Hands & Voices](#) in the *Early Identification and Referral Toolbox*.

### **HEALTH CARE SYSTEM QUESTIONS**

- What are the deaf-blindness training needs of health care providers in your state who are likely to be in a position where they encounter infants and toddlers with deaf-blindness? Similar to EHDI/Hands & Voices, it is likely to involve awareness of the needs of infants and toddlers who are deafblind and appropriate identification and referral processes, but in some states, it may be more extensive (e.g., training for nurses related to CVI).
- What type and frequency of training do health care providers currently receive related to deaf-blindness? Is it adequate?
- What opportunities exist to partner with health care agencies and organizations to integrate or improve deaf-blindness knowledge and skills in their existing professional development structures and opportunities (e.g., hospital grand rounds within hospitals or targeted training specific providers such as medical home staff, NICU personnel, or geneticists).

For background information about the health care system, see [Get to Know the Health Care System](#) in the *Early Identification and Referral Toolbox*.

### **COMMUNITY PROGRAM QUESTIONS**

- Which community programs in your state are likely to have a role in identifying, referring, or serving infants and toddlers who are deaf-blind?
- How do they currently provide training to their personnel and volunteers?

- What are the deaf-blindness training needs of personnel and volunteers in these programs?
- What opportunities exist to partner with them to integrate or improve deaf-blindness knowledge and skills in their existing professional development structures and opportunities?

## **Project Capacity**

An essential part of making decisions about how to approach systems-change TA is to evaluate your project’s experience with systems change in general, as well as change related to the systems you are targeting. The knowledge and experience your project staff have with the systems you are considering targeting can inform your decision-making in two ways:

1. You may decide to target systems where you already have significant expertise
2. You may decide to target systems where you have limited expertise and will therefore need to identify specific topics and issues about which to learn more

The following questions can help you evaluate your staff’s current knowledge and expertise.

### **Overall Systems-Change Capacity**

- Are you familiar with systems-change implementation strategies?
- Have you worked on developing or revising policies or regulations?
- Have you participated in advocacy efforts?
- Do you have experience influencing training systems?
- Have you had experience locating funding resources?
- Have you negotiated collaborative agreements or memorandums of understanding?

What support might you need from NCDB or state deaf-blind project colleagues?

### **EI Professional Development Systems Capacity**

The following questions will help you gauge your current level of knowledge about systems responsible for EI professional development. You probably found answers to some of these questions during your needs and resources assessment. For others, you may need additional information and training.

What is your level of knowledge about issues that influence the availability of qualified personnel for infants and toddlers with low-incidence disabilities, including deaf-blindness, in your state and nationally? For example:

- Recognition of the importance of EI providers with relevant knowledge and skills
- Professional development models
- State and national regulations
- Service delivery models
- Personnel preparation programs
- Training incentives

What is your level of knowledge of ongoing systems-change efforts and initiatives related to early intervention professional development in your state and nationally?

Do you have project goals (e.g., in your grant application) related to systems-change regarding EI professional development?

## Your Project's Location

Where your project is located (state education department, university/UCEDD, school or other agency) can influence your ability to carry out different types of systems work. Being at a state department of education may give you access to regulatory processes that allow you to inform and propose change. Being at a university may give you the freedom to organize grassroots efforts and build model programs.

What limitations and opportunities are associated with your project's home agency with respect to the work you would like to conduct related to EI professional development?

## Problem Statements and Prioritizing Needs

As you conduct child-specific TA and other TA activities such as training, facilitation, coaching, and family events, you no doubt encounter needs and problems that lead to infants and toddlers with deaf-blindness not receiving services from qualified personnel. Global needs or problem statements provide a clear definition of the problem(s) you want to address, not only for yourself but for partners you would like to recruit and stakeholders you hope to influence. Based on your needs assessment, what are the main areas of difficulty related to professional development for EI providers in your state? What isn't working? Do you have hypotheses for why something isn't working? Clarity is critical for building engagement.

Example problem statements:

1. Many EI personnel (e.g., vision and hearing providers) lack the knowledge and skills needed to implement high-quality practices for infants and toddlers who are deaf-blind.

2. Systematic training in deaf-blindness for EI providers is not currently available.
3. EI agencies and administrators often don't understand the unique nature of deaf-blindness and thus the importance of having EI providers with knowledge and skill competencies in deaf-blindness.
4. There is a high rate of turnover among EI providers.

Typically, systemic issues involve multiple needs that must be addressed to bring about desired change. Ultimately, it may be necessary to address all the needs but determining the order in which you address them is important. Prioritize needs in an order that seems logical. This may involve putting the most pressing issues first, but more likely will be an order that makes internal sense.

## **Solutions and Outcomes**

There is overlap between “solutions” and “outcomes,” but, in general, solutions are what you are proposing should be done and outcomes are what you hope will be achieved as a result of the solutions being implemented.

### **Solutions**

Systemic solutions for problems/needs should be actions likely to create lasting change in entities external to your project. They typically fall into the following categories (a single solution may fit more than one category):

- Policies/regulations
- Programs (e.g., sustainable training program, community of practice)
- Activities/materials to change an agency or organization's culture or norms (e.g., shift provider attitudes about children with deaf-blindness)
- Processes (e.g., referral or shared training agreements)
- Funding

As you identify potential solutions, it's helpful to think about how they fit with the existing priorities and values of current and potential partners. This is essential for obtaining buy-in. Keeping in mind that your goals must align in some way with potential partner organizations' goals, will guide your thinking about with whom to seek partnerships.

The following are examples of solutions to the problems listed in the previous section:

- Promote understanding within the targeted system (e.g., Part C lead agency, community programs) about the importance of having EI providers with knowledge and skill competencies in deaf-blindness.



- Build families' capacity to advocate for qualified personnel for children who are deaf-blind.
- Develop policies and regulations within the targeted system that formalize the availability of EI providers with knowledge and skills in deaf-blindness (e.g., training and certification requirements, training incentives, incentives for continuing employment).
- Include knowledge and skill competencies in deaf-blindness in personnel preparation programs for EI providers.
- Embed deaf-blind content into statewide professional development opportunities for EI providers.
- Provide funding for personnel preparation training and professional development to train EI providers in deaf-blindness.

## Outcomes

Outcomes should align with your grant objectives and include short-, medium-, and long-term versions. Those that focus on immediate changes you would like to see are as important as medium- and long-term ones because they help you evaluate ongoing progress. You will likely have multiple outcomes, depending on the desired scope of change. As you set outcomes, make initial determinations about how you'll measure them (e.g., surveys, interviews, focus groups).

Examples:

- Part C and community agencies will have an increased understanding of the importance of EI providers with knowledge and skill competencies in deaf-blindness. **(short)**
- EHDI/Hands & Voices programs will have an increased understanding of the importance of staff and volunteers with the knowledge and skills to identify and refer infants and toddlers with deaf-blindness. **(short)**
- Programs for providing professional development to EI providers have been implemented. **(medium)**
- Individuals serving infants and toddlers with deaf-blindness and their families advocate for increased resources/funding for programs that support the needs of their clients and families who are deaf-blind. **(medium)**
- Early intervention providers of children who are deaf-blind have the knowledge and skills required to deliver high-quality intervention. **(long)**

- Early intervention providers and EHDI/Hands & Voices personnel have the knowledge and skills required to identify and refer children with deaf-blindness. **(long)**

## **BUILDING PARTNERSHIPS**

### **Existing Partners/Relationships**

Use existing relationships to gain access to a system or connect to other individuals and agencies in the system. What existing relationships do you have within Part C, EHDI, health care, or community programs that support training or other professional development efforts for individuals providing services to infants and toddlers with deaf-blindness? These might be individuals who already work within the system or who are outside of it but have solid contacts and influence.

Examples of potential partners include:

- Professional development coordinators for:
  - Part C
  - State schools for the deaf and/or blind
  - Community programs
- Representatives from your state’s CSPD
- Representatives from your state’s Part C Interagency Coordinating Council
- Faculty from your state’s university early childhood special education training program
- Individuals who provide information and training for physicians, nurses, and other health care personnel
- Representatives from national organizations (e.g., ASHA) with state chapters that provide professional development
- Representatives from state family organizations
- Representatives from other TA organization in your state that offer professional development opportunities

For each, capture:

- Who they are (name, role, agency)
- Opportunities they offer (e.g., conferences, other training events, courses)
- Whether they possess enough authority to support systems change efforts

- What your ask of them is and how it relates to your problem statement and potential solutions
- What you can you offer them

## Potential Partners/Relationships

Look for gaps in your current partnerships. Who else do you need to recruit? They might be people with power and influence in the system you are targeting or who have knowledge, skills, and resources your current partners do not have.

Guiding questions:

1. Who works on the issue in your state and nationally? What type of support can they offer?
2. What task forces, councils, interagency groups, or other decision-making/advisory bodies are likely to be interested?
3. Are there opportunities to begin or strengthen partnerships with university personnel preparation programs or UCEDDs to address professional development needs?
4. Is there a low-incidence infrastructure group in your state involved in early intervention?

Whether drawing on existing relationships or pursuing new ones, be mindful of what you ask for and what you can give back in terms of time, resources, and expertise.

## Developing Agreements

Because systems-change efforts involve collaboration among agencies or organizations, written [memorandums of understanding \(MoUs\) or collaborative agreements](#) are essential. They outline what the work will entail and how responsibilities and resources will be shared. They are co-written between the entities involved.

## Low-Incidence Infrastructures and Advisory Groups

Implementation teams should collaborate with low-incidence groups and structures as they plan, organize, and implement systems-change strategies and activities.

### Low-Incidence Infrastructures

Low-incidence infrastructures refer to programs or groups within a state or region responsible for meeting the needs of individuals with low-incidence disabilities. They

are not necessarily specific to special education but should have a clear low-incidence focus (e.g., deafness, visual impairment, deaf-blindness). Examples include:

- A state department of education’s regional service delivery system with specialized low-incidence disability consultants and services
- Statewide advisory or interagency groups
- Other advisory groups
- Schools for the deaf or blind outreach programs
- Commissions for the blind that provide services across the lifespan

Partnerships with individuals and agencies that operate within low-incidence infrastructures are essential for many systems-change efforts. Without them, it’s difficult to influence existing state and regional agencies, programs, and initiatives. Some type of low-incidence infrastructure at the state or regional level will be needed (or developed, if it does not exist) to engage in the exploration and planning phases of systems-change projects, in order to clarify the problem and identify solutions. If you have these types of groups in your state, you need to understand who they are and partner with them.

## Advisory Groups

Many states lack low-incidence infrastructures or have ones that don’t adequately represent the interests of children with deaf-blindness and their families or are restricted in their ability to advocate for needed change and improvement. While it is critical to have representation for deaf-blindness inside existing structures, external entities are also critical because they can increase the visibility of children with deaf-blindness and their families. Groups such as deaf-blind task forces or advisory councils bring together stakeholders in a common cause to do just that.

Like infrastructure entities, task forces and advisory councils are not responsible for the implementation of solutions within systems. They serve a larger adaptive function of building an understanding of the needs of children and youth with deaf-blindness, pointing out systemic shortcomings, and suggesting systemic changes. In being tasked with exploration and planning, these advisory structures frequently employ facilitative processes that lead to the development of consensus on needs and solutions. The following are examples of processes and tools that could be used with groups to support this type of work:

- [Leading By Convening](#)
- [University of Kansas Community Tool Box – Chapter 16: Group Facilitation and Problem-Solving](#)
- [NCDB Facilitation Factsheet](#)

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