



## **Chapter 6: Planning for the Individualized Family Service Plan**

There are several important activities which occur *after* the child has been determined eligible for First Steps and *prior* to the meeting where the Individualized Family Service Plan (IFSP) is developed, including child and family assessment and planning for the initial IFSP meeting.

### **Child and Family Assessment**

Assessment is defined as the ongoing procedure used by qualified personnel to identify:

- a) The child's unique strengths and needs;
- b) The services appropriate to meet those needs;
- c) The family's resources, priorities and concerns which are:
  1. Voluntary on the part of the family;
  2. Family-directed;
  3. Based on information provided by the family through personal interview; and
- d) The supports and services necessary to enhance the family's capacity to meet the developmental needs of their child.

#### **I. Child Assessment**

The intent of early intervention is to build upon children's natural routines and support families in their abilities to meet the developmental needs of their child. Families are an important source of information about how and what their child is doing, especially in regard to functional tasks. When parents provide input into the assessment process and are considered a member of the assessment team, the results are family centered. Additionally, when assessments focus on the child's functioning in typical settings it is easier to develop family centered outcomes and routines-based intervention.

If the Service Coordinator determines that there is insufficient information about the child’s unique strengths and needs to develop a quality IFSP, then an assessment(s) may be conducted using informal or formal measures. The use of informal methods such as observation, parent interview, checklists, etc. is encouraged when conducting assessments for children birth to 3; however, the assessment process can include formal instruments. Examples of formal assessments include criterion-referenced or curriculum-based instruments such as the HELP® Birth-3, Carolina Curriculum, AEPS, ELAP, etc. Regardless of whether informal or formal measures are used, assessments must draw first on *current* existing information so that duplication of procedures or information with families does not occur.

Assessments may be conducted by individual providers; however, the process of transdisciplinary teams working together in a collaborative manner reduces duplication for the family and is considered best practice. The formation of a team for assessments allows for observations by several persons, including the parents, with a single person interacting with the child during the session. The most important “instrument” a professional has for the assessment process is the knowledge of early childhood development.

Once a provider has been selected for an assessment, the Service Coordinator will complete an authorization in WebSPOE which generates an electronic authorization.



Once the assessment is complete, a written summary of the assessment must be submitted to the Service Coordinator in a timely manner so the process can move forward to IFSP development within the 45-day timeline.



## **II. Family Assessment**

The terms “family assessment” and “Concerns, Priorities, and Resources of the family” are interrelated. While the family may already have identified some informal concerns, priorities and resources prior to eligibility determination, it is not until AFTER eligibility has been confirmed that a formal family assessment of the Concerns, Priorities and Resources is conducted and included in the IFSP.

The family assessment is voluntary on the part of the family. If the family does not agree to this activity, the family assessment would not be completed. The family assessment is to be conducted by the Service Coordinator as an interview. This assessment is offered and completed with the family prior to the initial IFSP team meeting and reviewed with the family prior to each annual review of the IFSP. Family confidences should be respected, and family information should not be discussed casually among IFSP team members.

The family assessment must be designed to determine the strengths and needs of the family related to enhancing the development of the child. In many cases the specific issues that families identify to enhance their skills related to their child’s needs will be incorporated as an outcome(s) in the IFSP and the strategies and activities are defined, including who is responsible for assisting the family. It is not the role or purpose of early intervention to replace the typical supports that exist for families, but to build upon these supports.

The assessment should focus on areas that the family identifies as concerns and priorities, or areas where the family could benefit from additional resources to help their child. It is important for Service Coordinators to provide assistance in identifying resources and supports

that would benefit the family. Service Coordinators should maintain a file with information about local services and supports, as well as additional resources available in Missouri.

### **III. Routines-Based Interview™**

An example of a method which gathers information for both the child and family assessment is the Routines-Based Interview™ (RBI). The RBI is a semi-structured interview developed by Dr. Robin McWilliam and is designed to:



- Establish a positive relationship with the family;
- Obtain a rich description of child and family functioning; and,
- Result in a list of outcomes/goals chosen by the interviewee.

The interview assesses the child's engagement, independence, and social relationships within everyday routines, and the family's satisfaction with home routines. The RBI can be used to obtain a narrative description of the child's functioning in cognitive, motor, adaptive, communication, and social skills; but does not result in a developmental score.

The use of the RBI is an emerging practice in Missouri, and Service Coordinators must be trained in, and practice, this technique prior to conducting an interview as the primary method of child and family assessment.

### **Planning the Initial IFSP Meeting**

As soon as possible after eligibility determination, the family and Service Coordinator plan for the initial IFSP and identify meeting participants, topics for IFSP team discussion, and the time/location for the IFSP meeting.

## **I. Establishing the IFSP Team**

According to federal and state regulations, each initial IFSP meeting must include the following participants:

- 1) The parent or parents of the child;
- 2) Other family members, as requested by the parent(s) if feasible to do so;\*
- 3) An advocate or person outside of the family, if the parent requests that the person participate;
- 4) The Service Coordinator who has been working with the family since the initial referral for evaluation;\*\*
- 5) A person or persons directly involved in conducting the evaluations and assessments; and
- 6) As appropriate, service providers to the child and/or family.

\*For some families, extended family and friends can be important, helpful and supportive IFSP team members. These friends/relatives may also receive useful information about the child and his/her developmental needs through their participation in the planning process.

\*\*If a Service Coordinator, other than the one who completed the intake activities, has been selected for the family, that individual should also be invited to participate in the initial IFSP meeting.

## **II. Topics for IFSP team discussion**

In preparing for the initial IFSP with a family, it is essential that the Service Coordinator take time to review each sections of the IFSP with the family. As the family develops an understanding of each section of the IFSP document, they will be able to participate in its development. Families should be encouraged to complete all relevant sections of the IFSP and have this written information available at the initial IFSP meeting. This advance preparation encourages their active participation in the meeting.



The Service Coordinator completes the following sections of the IFSP with the family after eligibility determination and prior to the IFSP meeting:

- Child Information
- Family Information
- Child's Present Abilities and Strengths
- Family Concerns, Priorities and Resources/Family Assessment
- Family and Child Centered Outcome(s)
- Transition

The assistance each family may need with these sections will vary and should be customized to each family.

### **III. Scheduling the IFSP Meeting**

Family preferences for the IFSP meeting (i.e., time, location, and participants) should be honored; and yet sometimes it is difficult to schedule the meeting at mutually convenient times and places for everyone. The Service Coordinator should assist the family in first selecting essential persons and then identifying other participants. At least one parent/guardian and the Service Coordinator must be present at the initial IFSP meeting. However, additional family members may use alternate options of participation if they will not be able to attend the meeting. For example, one parent may attend the meeting and the other parent may participate by telephone.

The Service Coordinator should make necessary meeting arrangements and notify all team members. Written notification of the IFSP team meeting must be provided to all team members a minimum of ten (10) calendar days in advance of the meeting to ensure that all members will be able to attend. In the event an IFSP meeting is required in which the ten (10) calendar day advance notice cannot be given, the Service Coordinator shall **personally** contact each member of the IFSP team



and provide notification and the reason for the short notice of the IFSP meeting. Notification with less than ten (10) calendar days prior notice should be the exception. A copy of the IFSP meeting notification is kept in the child's hard copy record.

The IFSP team meeting shall not be delayed if a team member cannot be physically present as long as the absent team member is presented with the opportunity to participate in one of the following ways:

- 1) Through a telephone conference call;
- 2) By sending a knowledgeable authorized representative; or,
- 3) By making pertinent records and recommendations available at the meeting.

If an individual who is not part of the First Steps system (e.g., a parent educator, nurse, or child care provider), is invited to the IFSP meeting, a Release of Information (ROI) form must be signed by the parent to allow information to be shared during and/or after the IFSP meeting.



Once the IFSP meeting time, location and participants are determined, the Service Coordinator will complete data entry for IFSP planning in WebSPOE.



Below are some principles to keep in mind during the planning process:

- **Family-centered communication skills** are essential in preparing for and participating in the meeting. Language used during the IFSP meeting should be understandable for all participants; jargon and abbreviations should be avoided.
- Required data entry in WebSPOE should not drive the planning process. Rather, it should confirm that

the process is happening in ways that are **family-centered, collaborative, and coordinated**.

- It is important to **listen to the family** prior to and during the team meeting, to hear their issues and concerns and ensure that these are captured and addressed in the IFSP. Rather than discussing treatment recommendations, professionals should work to incorporate interventions into the issues and concerns expressed by the family.

***NOTE:***

Some professional jargon may be used in reports and discussions, but should be explained in family-friendly terms. This provides an educational opportunity for the family to learn the terminology. However, the content of the IFSP should be understandable to the family and free of professional jargon.