**Massachusetts Early Intervention System 7 Key Principles: For Providers**

**What Early Intervention in Massachusetts Looks Like and Doesn’t Look Like**

**Mission Statement:** Massachusetts Early Intervention is a viable system that builds upon supports and resources for family members and caregivers to enhance the development and learning of infants and toddlers through individualized, developmentally appropriate intervention embedded in everyday activities.

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| **Key Principle #1:** Infants and toddlers develop and learn best through meaningful everyday experiences and interactions with familiar people in familiar places. | |
| **Key Concepts of this Looks Like:** | **Doesn’t Look Like:** |
| Visits are with children, their families or caregivers, in their natural environment. | Working with children in a separate room or space in the home or in a separate location in the childcare settings. |
| Support caregivers to engage with the child in enjoyable learning opportunities, focusing on skills that need to be developed and practiced in their everyday routines. | Expecting caregivers to sit and watch an early intervention session instead of, or without, actively participating. |
| Include all family members in services; use strategies to focus on caregivers’ ability to increase child’s participation in everyday activities and routines with those they spend time with. | Not including siblings or peers in services and isolating the child and family members from what they would be typically doing. |
| Visits support daily activities the family does (e.g. eating meals, bath time, watching the garbage truck, etc.). These strategies support participation in the child and family’s *community* (a MA EI Core Value). Providers recognize and identify times that are optimal to practice skill development. | Bringing toys or materials into the home implying that the professionals’ toys or materials are necessary for the child’s progress. |

**Why?** Research tells us that important and familiar people in the child's life, like parents, siblings, child care providers, and grandparents, help support and guide the child in all of these learning opportunities.

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| **Key Principle #2:** ALL families with the necessary supports and resources can enhance their childrens’ development and learning. | |
| **Key concepts of this Looks Like:** | **Doesn’t Look Like:** |
| Providers encourage parent/child interactions using strategies during home visiting to support the caregiver and child relationship. | Providers using a child direct-service model (working one-on-one with the child). |
| Identify with the family how all significant people in their family’s life support their child’s learning and development in daily routines and activities that are meaningful to them. Provide strategies and activities that build on the family’s activities and describe who will do what. | Expect all families to have the same routines, culture, and child rearing practices based on their circumstances or their child’s disability. |
| Match outcomes and base home visit strategies on priorities, needs and interests gathered during functional assessment; collaboratively determine the supports, resources and services they want to receive. | View family as uninterested because they miss appointments or don’t carry through on prescribed home visits, rather than refocusing interventions on family priorities and routines. |
| Recognize personal bias and gather information from the family about their needs and interests. | Make judgements or assumptions why a family may miss an appointment or don’t carry through with strategies discussed on home visits. |

**Why?** Research tells us that consistent adults in a child’s life have the greatest influence on learning and development-not their early intervention providers. Early intervention specialists build on strengths and reduce stressors, so that families are able to engage with their children in enjoyable interactions and activities.

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| **Key Principle #3:** The primary role of the Early Intervention specialist is to establish relationships and foster equal partnerships with family members and caregivers to enhance the development and learning through the IFSP process. | |
| **Key Concepts of this Looks Like:** | **Doesn’t Look Like:** |
| Value and understand the provider’s role to foster the caregiver/child relationship (dyad), working to support family members as they help their child, by incorporating priorities, learning styles and cultures. | Focus only on the child and assume the family’s role is to be an observer, while the provider is giving individual therapy to a child. |
| Establish professional boundaries that build trust and establish a working partnership with families. | Be “nice” to families and become their friend. |
| Collaborate with the family to discuss development, review progress, and determine effectiveness of strategies to meet outcomes on the IFSP. | Avoid “difficult conversations” with families. |
| Provide information, materials and emotional support to enhance caregivers’ natural role as a first step on a journey to promote *Lifelong Learning* (a MA EI core value). | Train families to be “mini” EI therapists or interventionists. |
| Clearly understand *Team Collaboration* (a MA EI core value), working as equal partners with each family, and with the people and support systems in a family’s life. | The IFSP team works without the family to make decisions about service delivery, outcomes, or strategies. |
| **Why?** Research tells us the importance of the primary caregiver(s) in the child’s overall learning and development. Early intervention is best when we are supporting the family instead of providing direct therapy to the child. | |
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| **Key Principle #4:** Interventions with young children and family members must be based on developmentally appropriate practices, current research and applicable laws and regulations. | |
| **Key Concepts of this Looks Like:** | **Doesn’t Look Like:** |
| Share information and resources with families about appropriate outcomes for their child’s developmental level rather than their chronological age while satisfying the family’s priorities. | Write outcomes based on the child’s age and expected milestones even when the child has significant developmental delays. |
| Understand current research and the components for how children learn. Understand that ALL children with or without disabilities learn through participation and engagement in activities. Through practice they are able to develop new skills and further master a skill. | Provide child direct therapy with individual children during sessions, with no opportunities for interactions with caregivers within their naturally occurring routines. |
| Use the IFSP to drive all early intervention | Using a medical model (i.e. 3x/week PT) to drive early intervention services. |
| Explain all early intervention documents and the purpose and importance of completing them.  Provide reasonable prior notification for all proposed changes in services. | Ask family to sign releases or documents without explaining the purpose of them. |
| Services and strategies reflect family participation in everyday activities in the home or the *community (*a MA EI core value). | Bring toys or technology into a visit that a family does not have access to on a regular basis. |

**Why?** Research tells us that for early intervention services to be most effective, families and caregivers should be active contributors and involved in all aspects of services.

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| **Key Principle #5:** The Early Intervention process, from initial contact through transition, must be collaborative and individualized to reflect the child’s and family members’ priorities, learning styles and culture. | |
| **Key concepts of this Looks Like:** | **Doesn’t Look Like:** |
| Individualize services to fit each family. Provide services and supports in flexible ways that are responsive to each family’s culture, ethnicity, race, language, socio-economic characteristics and preferences. | Expect families to “fit” the services. Give family a lot of available services to choose from and provide these services and supports in the same way for every family, without individualization. |
| Use family’s concerns and priorities to develop outcomes in the IFSP. | Use the developmental evaluation to determine outcomes. |
| Write reports in family-friendly language, based on information that is gathered through evaluation and the functional assessment process. | Use technical jargon or write about discrete skills. |

**Why?** Research tells us that for early intervention services to be most effective, families and caregivers should be active contributors and involved in all aspects of services.

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| **Key Principle #6:** The service coordinator ensures that the family’s priorities, needs and concerns are addressed through the IFSP team, coordinates the IFSP process, and facilitates collaboration among all IFSP and community team members. | |
| **Key Concepts of this Looks Like:** | **Doesn’t Look Like:** |
| Use ongoing functional assessment to gather information from the child and family and support the family to carry out the strategies and activities to meet their IFSP outcomes. | Provide all services directly to the child and do not involve the family. |
| Use other IFSP team members for consultation and recognize when to ask for additional support from other team members. | Provide services outside one’s scope of practice or beyond one’s license or certification. |
| Understand that the IFSP process is ongoing. | Pull IFSP out only for the 6 month and annual reviews. |
| Make time for team members to communicate formally and informally, and recognize that outcomes are a shared responsibility. | Work in isolation from other team and community members, with no regular scheduled time to discuss how things are going. |

**Why?** A service coordinator is the consistent person who understands and stays on top of the changing, needs, interests, strengths, and demands in a family’s life while ensuring collaboration among all team members.

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| **Key Principle #7:** IFSP outcomes must be functional and based on children and family’s needs, family identified priorities, and input from all members of the child’s IFSP team. | |
| **Key Concepts of this Looks Like:** | **Doesn’t Look Like:** |
| Learn about the family’s life before early intervention, their *community*, commitments, recreational activities and the pressures in their family’s life. Realize that families exist in the context of a larger *community* and foster communities as resources to support IFSP outcomes and services. (*Community* - a MA EI Core Value) | Assume that eligible children receiving early intervention services should be the sole focus of the child and family’s life. |
| Write outcomes that support active participation in *community* and family life and what is important to the family. | Write outcomes based on what the provider thinks is important. |
| Develop an IFSP that is understandable by the family and anyone else reading it. | Develop an IFSP with professional jargon and “provider speak.” |

**Why?** Functional outcomes build on the child’s motivations to learn and strengthen what is important and already happening in their daily life. The goal of functional outcomes is practical improvements in the child and family’s life.

*Adapted from: Workgroup on Principles and Practices in Natural Environments, OSEP TA Community of Practice: Part C Settings. (2008, March). Seven key principles: Looks like / doesn’t look like.*