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

**For Referral Sources and Families**

**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 (e.g. home, park, childcare, grocery store, etc.). | Working with children in a separate room or space in the home or in a separate location in the childcare settings. |
| Support families 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 and siblings to sit and watch an early intervention session instead of, or without, actively participating. |
| Visits support daily activities the family does (e.g. eating meals, bath time, watching the garbage truck, etc.). Providers help families to identify times to practice skill development with anything that they have available. | 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 children’s 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. |
| Recognize personal bias and gather information from the family about their needs and interests. | Make judgements or assumptions as to 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:** |
| Establish professional boundaries that build trust and establish a working partnership with families. Collaborate with the family to discuss development, review progress, and determine effectiveness of strategies to meet outcomes on the IFSP. | Be “nice” to families and become their friend. 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. | 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, and 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. |
| Base practice decisions for each child and family on continuous ongoing assessment and ensure program uses research informed practice following the laws of Part C of IDEA. from 20 U.S.C. §1435(a). | Use practices that feel or sound good, that are not backed by early childhood research. |

**Why?** Research tells us that infants and toddlers are a unique group who learn and develop differently than other groups. Part C of the IDEA requires early intervention services be based on scientifically based research.

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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:** |
| Tailoring 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 IFPS. | Use the developmental evaluation to determine outcomes in the IFSP. |
| 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 in order 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 about the child and family and support them to carry out the strategies and activities to meet their IFSP outcomes. | Provide all services directly to the child, do not involve the rest of the family, and only pull IFSP out for the 6 month and annual reviews. |
| Use other team members for consultation and recognize when to ask for additional support from other team members to address IFSP outcomes. | Provide services outside one’s scope of practice or beyond one’s license or certification. Or 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. | Assume that eligible children receiving early intervention services should be the sole focus of the child and family’s life. |
| Actively listen to families, respect what they say regarding their priorities, concerns and resources, and write outcomes that support active participation in their *community* and family life. | Write family’s priorities, concerns, and outcomes based on what the providers think is important. |
| Develop an IFSP that is understandable by the family and anyone else reading it. | Develop an IFSP with technical 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 the family's daily life. The ultimate goal of functional outcomes is to have practical improvements in the child’s 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.*