INDIVIDUALIZED FAMILY SERVICE PLAN AND ITS DIFFERENCES FROM INDIVIDUALIZED EDUCATION PROGRAM.

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Abstract

It is important to diagnose developmental disabilities in the development of children earlier and make necessary interventions in order to decrease the problems that may arise in the future. In this scope, the importance of early intervention practices arises. The early intervention involves the services provided in order to strengthen the parents’ capacity to support their children’s development and development of infant and young children between 0-3 years old who have developmental delay or risk of developmental delay. Early intervention services are characterized by the properties which are cooperative, family centered and meeting both child’s and family’s needs. Individualized Family Services Plan (IFSP) is the most important document that has these features and provides systematic application of early intervention services. IFSP is a written document which provides the main parts of early intervention services and is also a complete family plan with parents whom is the main participant in early intervention services. Program handles child completely and evaluates child’s and family’s improvement together. By this perspective, it differs from the Individualized Education Program (IEP). IEP is a base document for planning and documenting special education services for school-aged children with special needs between 3-22 years old. When the definition of IEP is evaluated, it is seen that IEP focuses on the education contents. Unlike IEP, IFSP focuses on the child together with the environment (physical and social), developmental needs and all family members. In this study, generally, the content of IFSP which has critical importance in early intervention practices and the aspects which differs from IEP are discussed.

Introduction:

It can be said that legal history of early intervention started with USA legislation which is named of Education for All Handicapped Children Act (EAHCA). This legislation has guaranteed that all school aged children who have disabilities, benefit from free education that is provided by government. However, there was not a section in the legislation about services for infants and young children until 1986 (Ramey and Ramey, 1998).

In 1986, the legislation was rearranged to provide early intervention services for 0-3 years of aged infants and children with or with risk of developmental disabilities and become a national law. Early intervention services are provided under the Part C of the legislation that is known as Individuals with Disabilities Education Act (IDEA) at the present time (Hebbeler, Spiker and Kahn, 2012; Bruder, Dunst, Wilson and Stayton, 2013; Casanueva, Cross and Ringeisen, 2008; Jung, Bradley, Sampson, McWilliam and Toland, 2015). Early intervention services under the Part C are aimed to enhance development of infants and young children and to minimize the effects of disabilities (Casanueva, Cross and Ringeisen, 2008). So, early intervention services and programs emphasize the development of infants and young children rather than education (Shonkoff and Meisels, 2000).
Early intervention requires services for strengthening development of children and capacity of parents to enhance their children’s development (Epley, Summers and Turnbull, 2011). IDEA Part C emphasize that early intervention services must be family centered and accessible, must strengthen parent’s skills to support their child’s development (Danaher, Goode, & Lazara, 2007; Individuals with Disabilities Education Improvement Act [IDEA], 2004; cited by Pizur-Barnekow, Patrick, Rhyner, Folk and Anderson, 2010). Individualized Family Service Plan (IFSP) is one of the designs of early intervention programs and practices that ensure the services to be accessible (Pizur-Barnekow et al., 2010). IFSP is the core context and core component of the early intervention practices (Etscheidt, 2006; Ridgley, Syneder, McWilliam and Davis, 2011; Bruder, Dunst and Mogro-Wilson, 2011). Families who get early intervention services, provided federally, have many rights and all the families are guaranteed for preparing IFSP with early intervention team (Jung et al., 2015). IFSP is the plan that is essential for all infants, young children and their families who get early intervention services and it includes both family and child directed services (Bailey, Raspa and Fox, 2012).

IFSP can be described as road map which defines families’ concerns, strengths, needs and intervention priorities to improve, implement and evaluate the early intervention services and supports that are appropriate for child and his/her family (cited by Pizur-Barnekow et al., 2010; Etscheidt, 2006; Ridgley et al., 2011). IFSP outlines the early intervention services as a written document within the scope of evaluations to support child and family (Chiarello, Effgen and Levinson, 1992; Campbell, Strickland and La Forme, 1992; Jung et al., 2015). IFSP must be developed within 45 days beginning from referral (Ridgley et al., 2011).

IFSP is an effective document for indicating cooperation, communication and interaction between professionals and families (cited by Pizur-Barnekow et al., 2010). Therefore IFSP is developed within team partnership including families (Campbell et al., 1992). IFSP team consists of family and professionals who work in multidisciplinary or transdisciplinary evaluation process (e.g. child development specialist, physical therapist, audiologist, doctor, nurse) (West Virginia Early Childhood Transition Steering Committee, 2008). Families must have opportunities to express their needs and be prioritized. All decisions about early intervention services, appropriate strategies, expected outcomes and functional goals must be determined by family and early intervention professions with collaborative efforts (Chiarello et al., 1992).

Family-centered approach is one of the characteristics of IFSP and it is important to focus on family unit. Cooperation and qualified communication are core components of family-centered approach (Cowden, 1991; Campbell et al., 1992; Minke and Scott, 1993). Family-based approach has some core principles: (a) to focus on strengths of families, (b) to respect for differences and values of families, (c) to enhance families for making decision, (d) to communicate with families collaboratively and obviously, (e) to internalize an approach for presented services, (f) to appreciate informal supports (Bailey, et al., 2012). When all of these principles are considered, it is said that IFSP incorporate characteristics of family-centered approach.

Content of IFSP is generally based to continued developmental assessment of infant/young child and resources, priorities, concerns and interests of family. According to IDEA (2004), IFSP must include following information (Ridgley et al., 2011):

a. Statement about infants’/young children’s present developmental levels on physical, cognitive, communication, social-emotional and adaptive development areas based on objective criteria.

b. Statement about priorities, resources and concerns of families for enhancing infants’/young children’s development.

c. Statement about measurable and expected to be achieved results or outcomes; including developmentally appropriate preliteracy and language skills, criteria, procedures, timelines for determining the degree of progress and whether modification or revisions of the outcomes are necessary.

d. Statement about specific early intervention services based on peer-reviewed research and applicable and deficient for unique needs of infants and young children, including frequency, intensity and service delivery methods.

e. Statement about natural environments that early intervention services are provided. If early intervention services cannot be provided in natural environments, there must be extent justification.

f. Projected dates for start date of services and projected length, duration and frequency of services.

g. Information about service coordinator from profession most relevant to infant’s or young child’s and family’s needs, who is responsible for implementation of plan and will ensure coordination between persons and agencies for transition services.
h. Steps for supporting transition of toddler from early intervention to preschool or other appropriate services.

IDEA requires that early intervention services must be served at natural environment such as home, park, greengrocer, kindergarten, other community settings, etc. (Individuals with Disabilities Education Act [IDEA], 2004; DeCoster, 2009). IDEA defines natural environment as settings that are natural or typical for a same-aged infant or toddler without a disability, may include the home or community settings (Childress, 2004). Early intervention team decides the most proper environment for child to get early intervention services. If early intervention services do not succeed effectively at natural environment, team may decide not to serve services at natural environment. But team must specify the reasons why early intervention services cannot be served at natural environment on the IFSP (National Dissemination Center for Children with Disabilities [NICHCY], 2012).

IFSP includes expected to be accomplished outcomes for child and family; these outcomes are indicator of process. Outcomes may be described as benefits gained by child and family as a result of early intervention services (Bailey et al., 2012). Outcomes are statements which describe important changes expected to success by child and family (California Department of Education, 2001). Professions must keep in mind that outcomes reflect families’ priorities and values rather than themselves (Decker, 1992). Determined outcomes are not a type of early intervention service; outcomes describe what institutions or professions provide to family to guide them (California Department of Education, 2001).

IFSP is ongoing process and the most important connection between family and early intervention team. IFSP requires a service coordinator for facilitating the process, coordinating the services on a regular basis and continuing healthy-strong relationship with family. IFSP form must include name and contact information of service coordinator. Legally, mission of service coordinator is: (a) to coordinate and follow all early intervention services, (b) to guide families to reach the services, (c) to facilitate providing services in time (Chiarello et al., 1992).

IDEA requires completing IFSP form within 45 days beginning from referral. But in some cases, first evaluation and identification process could not be completed for children who need early intervention support. In this case interim IFSP is developed to not to be late. If child needs urgent support, services start with approval of family within the scope of interim IFSP. After completion of evaluation process, IFSP form of the child is completed and other early intervention services is determined and provided to the child and his/her family (California Department of Education, 2001).

IFSP includes transition plan for the child receiving early intervention services. Transition from early intervention services to preschool programs, early childhood special education programs or other related programs is planned according to IFSP. Transition plan must be handled six months before third birthday of the child. Service coordinator must interview with family about transition process: legal claim of the family, differences between services providing within the scope of IFSP and services providing within the scope of Individualized Education Program (IEP) and what they may encounter during the transition process. People who take role at transition process (early intervention team and personnel of other program for transition) must make contact with each other. Transition process must be completed before the child is two years nine months old. IEP is planned for the child to get services under IDEA Part B (California Department of Education, 2001).

IFSP must be reviewed every six months because development of infants and young children changes rapidly. Reviewing process must be handled with the family (West Virginia Early Childhood Transition Steering Committee, 2008).

**Differences of Individualized Family Service Plan (IFSP) from Individualized Education Program (IEP):**

Individualized Education Program (IEP) is a document which provide a system for planning and documenting special education services for school aged children with special needs who are between 3-22 years old. IEP provides a basis for education services (Kamens, 2004; California Department of Education, 2001). BEP is the core context of IDEA Part B which provides special education services for 3-21 aged children. IDEA required that family must be included in IEP process (Fish, 2008). IEP process is a team work. Team consist of parents of children with special needs, at least regular teacher, special education teacher, local educational agency representative, campus administrator, the student with a disability if he or she is at least 14 years of age, and other individuals who are familiar with the student, including related services personnel. Task of IEP team is providing services least
restrictive environment (cited by Fish, 2008). Generally, specialist directs the IEP process and shares results of evaluation, goals and objectives expected to acquire with families (Campbell et al., 1992).

Generally, despite the similarities between IFSP and IEP (parents are member of the team of IFSP and IEP, IFSP and IEP are written documents which are developed by team, etc.), there are differences between two documents:

- **IFSP** is for aged of 0-3 infants and young children; it is an important context of early intervention. IEP is for school aged children with special needs who are aged of 3-22 and it is an important context of special education (Bruder et al., 2011; Etscheidt, 2006).
- Programs for infants and young children who get early intervention services developed in IFSP meetings under Part C of IDEA. Identified services, goals, objectives and placement at institution are determined in IEP meetings under Part B of IDEA (Hedeen, Peter, Moses and Engiles, 2013).
- IFSP contains statements about developmental levels of infants and young children in five developmental areas (motor, cognitive, language, social-emotional, self-care) and statements about strengths, priorities and resources of families. IEP contains statements about general educational levels of children and how disabilities affect child’s attendance in educational environment (Decker, 1992; West Virginia Early Childhood Transition Steering Committee, 2008).
- IFSP focuses on needs of family to support development of infant and young child. IEP focuses on educational needs of child (PACER Center, 2011).
- Outcomes that are expected to be succeeded by family and child are determined in context of IFSP. Annual goals and short term objectives for educational condition of child are determined in context of IEP (Decker, 1992).
- IFSP focuses on daily routines and activities of family, infant and child. IEP focuses on educational hours of child (West Virginia Early Childhood Transition Steering Committee, 2008).
- IDEA requires that early intervention services for infants and young children must be provided in natural environments within the scope of IFSP; IDEA requires that special education services must be provided in least restrictive environment within the scope of IEP (Etscheidt, 2006). So, natural environment is emphasized in IFSP; least restrictive environment is emphasized in IEP.
- IFSP is a family centered process; IEP is a process that mostly specialist direct the process and focuses on student (Campbell et al., 1992; West Virginia Early Childhood Transition Steering Committee, 2008). Families collaborate with other early intervention team members in IFSP process equally and they take a role as decision-maker under the guidance of specialists. IEP is a process that specialists mostly share the results of evaluations, goals and objectives expected to acquire with families (Chiarello et al., 1992; Campbell et al., 1992; PACER Center, 2011).
- Each document (IFSP and IEP) is required different team members. IFSP team must include parents and early intervention specialist who are responsible for evaluation/assessment of development of child from different discipline according to child’s needs. IEP team must include the parents, not less than one general education teacher, not less than one special education teacher, a representative of the local education agency, and at the discretion of the parent or agency, other individuals who have knowledge or expertise regarding the child including related service personnel as appropriate (West Virginia Early Childhood Transition Steering Committee, 2008).
- IFSP is reviewed six months after IFSP has been written because of the rapid changes of development of infants and reviews may need to occur at other appropriate times; IEP must be reviewed at least once a year and IEP meeting may be held more often as necessary (West Virginia Early Childhood Transition Steering Committee, 2008).
- IFSP is required a service coordinator who is responsible for coordination of services and facilitating the process, but there is no requirement for coordinator in IEP process (West Virginia Early Childhood Transition Steering Committee, 2008).

**Conclusion:-**

Early intervention services are the most important topic for supporting infants and young children who have developmental disabilities. The most important context of early intervention is Individualized Family Service Plan (IFSP), because it outlines all services for infants and young children who need developmental support. As a part of early intervention practices, IFSP will be a systematic map to plan, develop, monitor and review early intervention practices. IFSP is a process that requires multidisciplinary or transdisciplinary evaluation process, includes family-centered practices, supports families to make decision, focuses on family and as well as child, values families as a member of team, requires to provide services at natural environments. Also, it provides opportunity for effective
interaction and cooperation between professions and families. IFSP differs from Individualized Education Program (IEP) at some aspects.

References: