

## **Guidance re: SSP support to children in EI playgroups**

Specialty Service Provider (SSP) clinicians are specifically trained and/or certified by the Massachusetts Department of Public Health in working with infants or toddlers with *low incidence conditions* and their families, which include children with hearing loss, vision loss, autism spectrum disorders, and other issues that cannot be appropriately addressed by the EI team (e.g., significant behavioral issues).

SSP clinicians work with children in EIP toddler groups if their presence is tied to child outcomes documented on the IFSP. SSPs are not obligated to provide staff to accompany children to EIP groups. Automatic participation in EI groups by SSP staff should not be assumed. The IFSP team should discuss the potential benefits of group participation for the child and possible safety or clinical issues group participation might raise.

The IFSP team should then determine if additional staff are indicated in meeting the individual needs of the child, who those staff will be (some EIPs have support staff in EI groups and may feel a sufficient number of adults are present), and what role those staff may play. Ideally, the SSP will help a child integrate into routines and then step back from direct guidance to more general facilitation and then phase out of the group as the child accommodates to the setting and expectations. How quickly this happens is not predictable and should be individualized.

### Roles and responsibilities of SSP staff at an EI group:

- Provide additional supports to help the child participate in the routines and expectations of the group while addressing individual IFSP outcomes
- Provide support in helping the child learn to reference/listen to the playgroup leader as the “teacher”
- Interact with the child one to one when needed; fade back when needed
- Discuss individual accommodations necessary to help the child participate in the group (e.g., motor breaks, individualized schedule – perhaps arriving/departure before or after other children, use of task lighting at the fine motor table, pairing of signs with spoken language at snack time, one to one time in a separate room (for pre-teaching or as a break) with the playgroup leader or other staff

- Share tips on how to integrate the child in group routine, modify the environment to facilitate participation, adjust verbal instructions, and handle transitions with the playgroup leader, incorporate assistive equipment, etc.
- Model and share strategies with the playgroup staff to increase their capacity to continue and extend children's learning throughout the group
- Discuss individual child goals related to generalization of skills, carryover of newly learned skills to group setting
- Discuss whether a child should participate in the group if the SSP facilitator cannot attend a session. It should not be automatically assumed that child should not attend that group session – he may accommodate quite well, which would be useful to know. Perhaps the parent could actively participate in the facilitator role.

These roles and responsibilities of the SSP staff should be reviewed at an IFSP meeting with the family on a child by child basis. Lines of communication should be clarified. For example, it is important to determine the best person for the SSP to communicate with regarding clinical issues in the group; who should be notified if the SSP will not attend a group; who will contact the SSP if the group is cancelled for some reason. The parent should be part of the communication of information related to the child's IFSP outcomes and progress, not of administrative functions such as absences of SSP staff or the cancellation of the group.

Plans for ongoing communication between the group leader and the SSP provider should be established. It is important to review the plan and implement indicated changes routinely. It may be necessary to discuss the impact of the SSPs participation on the group functioning as a whole.