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

**What Early Intervention in Massachusetts Looks Like and Does Not Look Like**

**Mission Statement:** Massachusetts Early Intervention provides and builds upon supports and resources for family members and caregivers to enhance the development and learning of eligible children through 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. |
| **What does this look like for my family?** | **It does not look like:** |
| EI visits are with my child and family or caregivers, in places we know (home, park, childcare, store, etc.) | Our EI Specialist working with my child in a separate room or space in our home, or in a separate location at childcare. |
| Our EI Specialist helps us work on things we like to do that build our child’s skills.  | Our family sitting and watching as our EI Specialist works with my child.  |
| Our EI Specialist helps me figure out how to use what we are already doing, and what we have, to practice a new skill with my child. | We need special toys or materials to help my child learn and grow.  |
| **Why?** Research tells us that important and familiar people in the child's life, like parents, siblings, childcare providers, and grandparents, help support and guide the child in all 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. |
| **What does this look like for my family?** | **It does not look like:** |
| Our EI Specialist helps me build a supportive and enjoyable relationship with my child while we work on growing their skills.  | Our EI Specialist coming in and working one-on-one with my child. |
| Our EI Specialist can help us identify important people in our life who support our child’s learning in things we are already doing. | Only our immediate family supports our child. |
| Our EI Specialist will treat my family professionally and with respect, even if we have different views. | My EI Specialist making assumptions about my commitment to my child and family.  |
| **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 can 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. |
| **What does this look like for my family?** | **It does not look like:** |
| Having a professional working relationship with our EI Specialist and being valued as the expert on my child. | My EI Specialist becoming my friend or avoiding hard conversations to spare my feelings. |
| Our EI Specialist will give us what we need to help us continue to grow with our child beyond early intervention. | My EI Specialist training me to be my child’s therapist. |
| Our family and the important people in our child’s life are treated as equal partners in our child’s growth and learning. | Decisions about our child’s services, goals, and how we will meet them, being made without us.  |
| **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. |
| **What does this look like for my family?** | **It does not look like:** |
| Our EI Specialist will help us understand our child’s unique development and create goals with it in mind. | Goals will be written based only on my child’s age. |
| Our EI Specialist will use practices based on current research to support my child and family. | Practices that make our EI Specialist feel good but are not backed in 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. |
| **What does this look like for my family?** | **It does not look like:** |
| Our EI Specialist makes sure our services meet our child and family’s needs. Our services take into account our family culture, preferences, and activities.  | Every family has the same services and supports. |
| Our EI services are based on our concerns and priorities for our child.  | Goals we are working on are based just on my child’s evaluation results. |
| Information about my child is written in a way that I can understand, and with my input.  | Using words and terms my family does not understand. |
| **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. |
| **What does this look like for my family?** | **It does not look like:** |
| Our EI Specialist asks questions about our child and family. They use the information we give them, along with their observations, to help us work on our goals for our child. | Our family not being involved in our visits, or that we do not know why we are doing certain activities. |
| Our EI Specialist may bring other providers in to help our family meet certain goals. | Our EI Specialist must be the only person helping us if our family needs more support. |
| **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. |
| **What does this look like for my family?** | **It does not look like:** |
| Our EI Specialist asks questions about our family (including history, commitments, and pressures) and our community. They use this information to help us meet our goals.  | Our EI Specialist assumes our child’s EI services are the sole focus of our family life. |
| Our EI Specialist listens to our priorities and concerns for our child and family, and together we write goals that help us be active in our lives and community. | Our EI Specialist writes our goals for us based on what they think is important to and for us. |
| We create a plan with our EI Specialist that we all (including other caregivers) understand. | A document that is written for another provider, instead of our family. |
| **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 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.*