

Early Support for Infants & Toddlers



PRACTICE GUIDE: DEVELOPING FUNCTIONAL IFSP OUTCOMES

Overview

Child and family outcomes are the driving force behind early intervention services. The type and frequency of services as well as who the family's providers will be are determined by the outcomes set by the team with the family at the center. Because they are such an important component of the IFSP it is crucial that the outcomes be functional, participation based and measurable.

The focus of early intervention is on successful participation in everyday activities. Early intervention provides support to families and caregivers so they can enhance their children's learning and development. This focus reflects a paradigm shift from traditional models of service delivery such as treatment/medical, deficit-based, or service-based models, to a new paradigm of focusing on outcomes. New models include capacity-building strengths-based family-centered, and coaching models.

Research shows that children learn and develop best when they:

- Participate in natural learning opportunities that occur in everyday family and community routines and activities; and
- Are interested and engaged in activities and interactions with familiar caregivers, which in turn strengthens and promotes competency and mastery of skills.

(Dunst, Bruder, Trivette, Raab & McLean, 2001; Shelden & Rush, 2001)

Caregivers provide multiple opportunities and support for learning and practicing new skills throughout the day (McWilliam). Service providers support caregivers by suggesting resources and activities that can enhance development in everyday learning opportunities and occur within the context of their relationship with the child. This first relationship (i.e., the relationship between caregivers and child) is the foundation for growth in all areas of development.

Outcomes, based on the team's information gathering, are the heart of the Individualized Family Service Plan (IFSP). High quality outcomes guide all interactions in early intervention and make it more likely that progress and successes will be achieved for the child and family.

The IFSP Process

The goal of the IFSP process is to develop functional IFSP outcomes for eligible children and their families. Steps in the IFSP process are progressive and inter-related. What is gathered and used in early steps is used and built upon in subsequent steps. Information is revisited and strengthened.

Two key steps of the IFSP process that lead the IFSP team directly to the development of functional IFSP outcomes are:

- 1) gathering information from each family about their concerns, priorities, resources and routines in a family directed assessment; and
- 2) conducting a functional assessment with every eligible child.

IFSP team members should consider the following when reviewing family information and child assessment results:

- What do findings indicate about the child's ability to participate and function in various settings and activities in his/her life?
- How well does the child's environment support his development?
- How might traumatic events or changes in the child's life be impacting their developmental growth?
- Is there anything related to the child's disability or developmental delay that may be impacting their social interactions with their caregivers or peers?
- How does this information help identify appropriate IFSP outcomes for both the child and family?

Gathering Information from Families

The purpose of gathering information from families is to identify what is challenging in everyday routines and activities (concerns) and what routines are working well (identifying the child's and families' resources, strengths and interests). This allows the IFSP team to focus on providing support to the child and family within the context of the daily activities that are most relevant to the family. In addition to information from the family, it is essential to gather the same type of information from childcare providers or others who spend a significant amount of time with the child. Because a child may have different routines and expectations in different environments it is important to include those caregivers as members of the team and work together to create outcomes that meet the child and family's needs across settings.

This information also helps parents and caregivers identify their hopes and priorities for the child and family. Priorities are used to determine the focus of the functional assessment and to develop IFSP outcomes. In order to understand how priorities or desired changes impact daily activities, probing questions are needed. Questions may include:

- How would that make a difference in your day or make different times during your day easier?
- When would changes be most helpful and noticeable?

- Describe the ideal situation if all was going well. What would you, your child, and others be doing during that time?
- How do you feel when ___?
- How do you think your child feels when ___?
- What do you enjoy about your child?
- What daily routines are going really well/challenging?
- What have you tried so far?
- How can we arrange things so he will be successful?
- How can we help your family have a successful day?
- What would a successful day look like?

It may also be helpful if practitioners reflect back to information that the parent already shared such as: “At our intake visit you said you wished the boys could play together without having a meltdown” or “you had mentioned that you aren’t able to go to a restaurant as a family lately because Sarah screams through dinner”.

During information gathering it is critical to identify the child’s and family’s interests. The questions included on the IFSP form are designed to capture interests, what is currently working well and what is challenging. The information about interests is used to identify the real-life, functional activities that interest and engage the child. Those activities will provide opportunities to learn and practice new skills so the child can enjoy positive social relationships (e.g., reaching for and playing with toys during bath time; playing naming games during car rides). IFSP outcomes that are contextualized within the activities that engage the child will be most effective. Using situations that are going well to introduce, practice, and master skills that are challenging can be a good approach. Challenging situations should also be addressed, by adapting a routine or activity, to help the child gain the skills or equipment needed to participate more successfully.

Exploring family interests also leads to the development of outcomes. Asking questions such as, “Are there activities that you would like to do that you are not able to do now?” will yield potential outcome statements (e.g., go out with my husband; go bike riding; take my child to church childcare, etc.). Understanding the child’s and family’s interests also provides valuable information for the selection of intervention strategies.

During this process, information about the family’s activities, expectations and values might be gathered. This is important information to have when developing outcomes in partnership with the family. While IFSP outcomes are determined by the family, it can sometimes be helpful for them to have a starting point because writing outcomes is not an activity most caregivers are used to. Below are some examples of how this information might be used to write functional outcomes with families:

- If preparing meals is an important activity it might be a good routine to use.
- If the family’s culture does not prioritize independence or self-care skills for toddlers, this may not be an appropriate area for an outcome.

- If the family participates in activities such as dance or music groups they may want an outcome that supports their child's participation.

Functional Child Assessment

Procedural Requirement

A multidisciplinary assessment of each infant or toddler with a disability must be conducted by qualified personnel, in order to identify the child's unique strengths and needs and the early intervention services appropriate to meet those needs. Child assessment must also be comprehensive to include all areas of development.

Rationale

Areas of development in infants and toddlers are interdependent and interrelated. Specific developmental problems can be associated with delays or disabilities in multiple areas of development. For example, a low score in the area of communication may be due to hearing loss, cognitive delays that make learning language difficult or social-emotional difficulties that interfere with parent-child interaction. Comprehensive, in-depth information about the child's overall development and participation is essential for developing functional IFSP outcomes, planning appropriate intervention methods and strategies, and monitoring progress.

Functional Child Assessment Practices to Consider

- Each team member must share with the entire team, useful information collected from the family, starting at referral.
- The functional child assessment must be comprehensive and include information about the child's functioning in all developmental domains.
- Observe the child in the context of their daily routines and interactions with peers and caregivers to determine areas of successful participation and current challenges.
- Use skill sequences and data protocols from curriculum-based assessments (CBAs) to better understand unique strengths and needs in all areas of development. Use observational procedures and parent assessment components of CBAs to enhance understanding about the relationship between the child's development and their participation in everyday life.
- Synthesize all information on the child's development and functional participation in family routines and activities into the Summary of Functional Performance on the IFSP.
- Use initial child assessment information as a point of comparison for monitoring progress toward IFSP child outcomes, for selecting and modifying intervention strategies, and for selecting Child Outcome Summary Descriptor Statements.

IDEA Part C requires qualified personnel to use informed clinical opinion as a regular component of every evaluation and assessment procedure.

Functional IFSP Outcomes

IFSP outcomes answer the question: What would your family like to see happen for your child/family?

Functional IFSP Outcomes for Children and Families:

- Enhance the child’s learning through functional participation in everyday activities (child is learner)*,
- Enhance the capacity of the family to meet the needs of their child (family is the learner)*,
- Are important and meaningful to family/caregiver (priorities)*,
- Address desired functioning in the context of a relationship or social interaction (e.g. using words to communicate with peers at child care during play),
- Expand activity settings in which the child can be competent and successful*,
- Are based on the child and family’s interests and cultural values*, and
- Promote parent-child interaction.

*(Sheldon and Rush, 2009)

Table 1 provides examples of using what the parent states to develop a high quality outcome for children and families:

Table 1: Functional IFSP Outcomes for Children and Families

What the Parent States	This is the Outcome	Not This
It is frustrating that we can’t eat and play together because Emmanuel struggles with sitting up.	Emmanuel will play with toys and eat meals with his family by sitting without much support.	Emmanuel will improve muscle tone for sitting.
I want to go to the bathroom without Jordan crying at the door.	Jordan will play independently for up to three minutes while Sasha is in the bathroom.	Jordan will learn to self- soothe.
I want to feel connected to Nelly. Right now I feel like she doesn’t know I’m there, especially when she focuses on one toy so closely.	Nelly will enjoy face-to-face games and songs with Marie-Noel while they are playing together.	Nelly will give eye-contact to her mom 3 out of 4 attempts.
I can’t take Caia to the grocery store without her having a meltdown.	Caia will be able to enjoy going to the grocery store with Tiffany.	Caia will behave herself in the grocery store.

Functional IFSP Outcomes Supported by the FRC Related to Accessing Community Resources and Supports

- Support accessing community resources and supports; and*
- Are important and meaningful to the family/caregiver (priorities)*

*(Sheldon and Rush, 2009)

Table 2 provides examples of using what the parent states to develop a high quality outcome for accessing community resources and supports:

Table 2: Functional IFSP Outcomes Supported by the FRC Related to Accessing Community Resources and Supports

What the Parent States	This is the Outcome	Not This
We just moved to the area and we don't have a pediatrician. We have been using the E.R. when Ethan has an asthma attack.	We want to find a primary care provider so Ethan receives quality medical care.	Family will find a doctor instead of going to the E.R.
I wish I had someone to talk to who understands what I'm going through.	Mike will call the local Parent to Parent Coordinator and ask about support group options.	Mike will talk to other parents.
We want to be able to take Cole with us in the car but we don't have a car seat.	Karen and Mark will be able to travel in the car safely with Cole.	Staff will explore options for financial assistance for car seats.

Outcomes Development

As described above, outcomes development begins with sensitively gathering information from families and conducting a functional assessment of the child. Necessary team skills and attitudes include: valuing families' priorities, feeling comfortable interviewing families, knowing how to probe to clarify information about daily routines and activities, knowing how to conduct an authentic assessment, and observing and collecting data across settings and team members. The IFSP team must understand and believe that children learn best when participating in naturally occurring activities that of are interest to the child and family.

Outcomes/Strategies before Services

- Develop IFSP outcomes/strategies before identifying services and supports; and
- Identify services and supports based on what is necessary to meet the outcomes (Dunst & Bruder, 1999; Dunst, Bruder, Trivette, Hamby, Raab & McLean, 2001; Dunst, Bruder, Trivette, Raab & McLean, 2001; Dunst, Hamby, Trivette, Raab & Bruder, 2002;)

Table 3 below lists sample child-focused IFSP outcomes and indicates whether each outcome meets the standards for being participation-based and high quality. The high quality examples have a check in each column. Providers may find it helpful to use the same table to rate outcomes in their IFSPs. The criteria used to rate the outcome statements are:

- **Necessary/Functional** – This means that the outcome focuses on ways to support the child and family’s participation in community life and family activities that are important to them. For the outcome to be necessary and functional, it should benefit the child by focusing on social relationships, acquiring and using knowledge and skills, and/or using appropriate actions to meet needs. It should also help the child and/or family improve participation in chosen activities and/or help them begin new activities that are important to them. The determination of what is necessary and functional is not based upon what the practitioner thinks is meaningful and functional for the family.
- **Real-life Contextual Settings** – This means that outcome statements reflect the everyday activity settings and routines for the child and family. This includes mealtime, bathing and riding in the car, as well as routines and activities that are specific to the individual family. Specific isolated skills (e.g., test items that were missed during evaluation) are not considered real-life or contextualized.
- **Discipline Free** – This means that the outcome is written to describe the child’s participation in routines and everyday activity settings, promoting skill development across multiple domains, which can be addressed by any member of a child’s IFSP team. It also means that the outcome should be written so that the child and/or family are the “actors” or persons doing something rather than the occupational therapist or early interventionist. For example, an outcome might state, *“Annabelle will help her dad with the laundry by pulling up and standing at the dryer on her own and putting clothes into the laundry basket with her dad close by”*, as opposed to *“Annabelle will pull to a standing position at the couch and maintain her balance.”*
- **Jargon Free** – This means that the outcome is written so that it is understandable by the family and the general public, and does not include professional jargon or practitioner “speak.” For example, the outcome should describe how the child will move, such as reaching up or down for toys, instead of using phrases like “range of motion.” Another example would be wording an outcome so that it describes a child’s ability to speak words clearly to make herself understood, rather than using the term “articulation”.
- **Positive** – This means that the focus of the whole outcome statement is positive. It also means that the outcome states what the child and/or family will do, rather than what they will not do or stop doing. If there are any negative words within the statement, it is not a positively worded outcome. For example, the outcome should state *“Johnny will chew and swallow food when eating with his family”* rather than *“Johnny will not spit out food when eating with his family.”*
- **Active** – This means using words that encourage a child and/or family’s active participation or engagement. Active words include eat, play, talk, walk, etc. and indicate what the child or family will do. Passive words reflect a state of being (e.g., tolerate and receive), or a change or lack of change in performance (e.g., increase, decrease, improve, and maintain).

(Shelden & Rush, 2009)

Table 3

Sample IFSP Outcome	Is it a high quality outcome?					
	Necessary/ Functional	Real-life Contextual Settings	Discipline- Free	Jargon- Free	Positive	Active
Lily will go fishing with her family and hold her own fishing pole.	✓	✓	✓	✓	✓	✓
David will talk more and pronounce words better.	✓			✓	✓	✓
Rafael will go visit grandma and ride in his car seat all the way to her house.	✓	✓	✓	✓	✓	✓
Ava will play with her toys so Grandma can cook breakfast and get the older kids off to school.	✓	✓	✓	✓	✓	✓
Angel will participate in reciprocal turn taking during one-to-one facilitation.			✓		✓	
Colton will play together with his brother and express himself using gestures and words.	✓	✓	✓	✓	✓	✓
Isaiah will improve his sleeping patterns 4 out of 5 times.	✓		✓		✓	
Natalia will sleep through the night.	✓	✓	✓	✓	✓	✓
Marcus will stack 4 blocks.			✓	✓	✓	✓
Aisha will gradually stop eating baby food and eat more solid foods.	✓		✓	✓		✓
Walker will greet friends at story time at the library.	✓	✓	✓	✓	✓	✓
Phu will eat enough food so he can gain weight and not have to have surgery.	✓	✓	✓	✓	✓	✓
Leila will stop having tantrums at separation.	✓		✓			✓
Jaxon will be happy and relaxed when his mom leaves him at child care.	✓	✓	✓	✓	✓	✓
Jayden will tolerate lying on his stomach for 10 minutes without crying.			✓	✓	✓	
Ethan will be able to calm and sooth himself when he is dropped off at childcare.	✓	✓	✓	✓	✓	✓

Completing the IFSP

See Section IV of the ESIT IFSP Process and Resource Guide for more information on completing the IFSP. (<http://www.del.wa.gov/publications/esit/Default.aspx>)

After the outcome statement has been determined, the IFSP team will complete the following:

What is happening now?

- Clarifies outcome and guides intervention planning; and
- Is a summary of previous information

This includes both what the child is able to do and what parents and other caregivers are doing currently related to the stated outcome. This section should include the child and family strengths as well as current skills and behaviors related to the outcome.

Team Strategies and Methods

The strategies and methods describe the ways in which the family and team will work toward achieving this outcome. They detail the roles of the providers, parents, and other team members – who will help and what they will do. Strategies and methods:

- Help achieve the outcome;
- Are aligned with functional child assessment results;
- Are based on how all children learn throughout the course of everyday life, at home, in early care and education settings, and in the community;
- Are developmentally appropriate;
- Focus on naturally occurring learning opportunities;
- Support primary caregivers to provide children with everyday learning experiences and opportunities that strengthen and promote a child's competence and development; and
- Support learning that occurs in context of activities that have high levels of interest and engagement for the child and family.

How we will know we've made progress?

This includes the criteria that will indicate progress to the team and the procedure the team will use to determine progress and a realistic timeline.

Services to Meet the Functional IFSP Outcomes

Only after the outcomes have been determined, should decisions be made about the services and supports needed to meet those outcomes. The IFSP must include the length, duration, frequency, intensity and method of delivering each service. Those decisions need to be based on the amount of support the family/caregiver needs to successfully use natural learning opportunities throughout everyday routines and activities at home, in community settings, and in preschool (Jung, 2003; Dunst, 2004).

- Frequency and intensity mean the number of days or sessions that a service will be provided, and whether the service is provided on an individual or group basis;

- Method means how a service is provided (see the WA IFSP Process and Resource Guide for Washington's defined methods);
- Length means the length of time the service is provided during each session; and
- Duration means projecting how long the service will be provided (start and end dates).

Resources

Rush, D., and Shelden, M. (2009). Tips and Techniques for Developing Participation-Based IFSP Outcome Statements. *BriefCASE*, 2(1).

http://fipp.org/static/media/uploads/briefcase/briefcase_vol2_no1.pdf

McWilliam, R. (2006). Steps to Build a Functional Outcome.

www.education.ne.gov/sped/rbi2/steps.pdf

ECTA Center. IFSP Process: Planning and Implementing Family Centered Services in Natural Environments. <http://ectacenter.org/topics/ifsp/ifspprocess.asp>

ECTA Center. Developing High-Quality, Functional IFSP Outcomes and IEP Goals: Training Package.

Retrieved from <http://ectacenter.org/knowledgepath/ifspoutcomes-iepgoals/ifspoutcomes-iepgoals.asp>

ECTA Center. Resources for Writing Good IFSP Outcomes. <http://ectacenter.org/topics/ifsp/ifsp.asp>

Gillaspy, K., Lucas, A., Peters, M., and Hurth, J. (2014). Enhancing Recognition of High Quality, Functional IFSP Outcomes: A training activity for infant and toddler service providers. Retrieved from <http://ectacenter.org/~pdfs/pubs/rating-ifsp.pdf>