Family Support for Children with Disabilities

Guidelines for Developing an Individualized Service Plan (ISP) for Specialized Services

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About this Guide

This Guide was created to:

- identify the key elements of an Individualized Service Plan (ISP) that are required for specialized services
- highlight the importance of individualized service planning
- support families and their specialized services team to develop an ISP for specialized services

Although there may be a common understanding of what is meant by service planning, individuals and organizations may differ in the language and tools used. The terms used and defined in this guide are for illustration purposes only. Other terms or ways of organizing ISPs are equally acceptable as long as they are clearly communicated and address the key elements that the Family Support for Children with Disabilities (FSCD) program requires in order to approve the ISP.

We use the term *Individualized Service Plan (ISP)* throughout this guide to differentiate this plan for the provision of specialized services from other service plans such as the *Individual Family Support Plan (IFSP) or education based Individualized Program Plan (IPP)*

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Specialized Services for Children with Severe Disabilities

Specialized services are provided to families of children with severe disabilities. They are intended to support guardian(s) in acquiring specific skills and learning strategies to help promote their child's development and participation in activities of normal daily living.

Specialized services promote change in the family, child and environment through services and supports that are least intrusive and natural. Positive interaction within routine activities present natural opportunities for the family and child to practice and develop new skills. Through specialized services the family builds their capacity to meet the unique needs of their child.

Specialized services involve consultation from one or more of the following health professionals:

- speech-language pathologist (SLP)
- occupational therapist (OT)
- physical therapist (PT)
- psychologist

The health professionals involved in the delivery of FSCD specialized services provide consultation to the service team and work collaboratively with other service team members to create and implement the ISP.

Specialized services are individualized to the needs and priorities of the family, complement other supports and services that are in place and are delivered by the members of the specialized services team in a coordinated and integrated fashion.

The Specialized Services Team

The **specialized services team** includes the child, the child's guardian(s), family members or other individuals significantly involved in the family's life, health professionals (e.g., SLP, OT, PT, or Psychologist) from relevant disciplines and may include non-health professionals (e.g., behaviour specialist, certified teacher) and aides.

Specialized services team members share responsibility for setting, monitoring and accomplishing goals. The specialized services team must identify one member, a health or non-health professional, who will ensure that the ISP is reviewed and updated throughout the year. This member assumes responsibility for the ISP document and not supervision of the other members of the specialized services team. ISPs should be reviewed and updated minimally four times per year. In addition to scheduled reviews it is expected that the ISP be updated as goals are achieved or modified.

What is an Individualized Service Plan (ISP)?

The FSCD program requires that an ISP be developed for each family and child receiving specialized services. The ISP is one of the key pieces of information that the FSCD worker considers when making decisions regarding the provision of specialized services.

An ISP must be individualized to the needs of the family and child, respond to the family's priorities, reflect an integrated and coordinated service delivery approach and be consistent with the nature of the specialized services approved by the FSCD worker.

The ISP is a living document that changes over time to reflect the shifting priorities of the family, the child's developmental stage, transition planning and progress toward goals and objectives.

A well devised ISP leads to action and increases the likelihood of success. A clear plan is essential for any service designed to produce change. ISPs describe (1) the goals or purpose for providing a service, (2) the steps necessary to achieve the goals and (3) ways of tracking progress towards achieving stated goals. The ISP **should be simple, clear and include a description of the following:**

- The *priorities* of the family (identification of service need);
- The *goals* of the service (what you are trying to accomplish);
- The *objectives* (short-term steps) necessary to achieve the goals;
- The *strategies* that will be used to achieve the objectives and goals;
- The *roles and responsibilities* of all specialized services team members;
- A plan for *monitoring the* service and progress; and
- A plan for *integrating and coordinating* services.

Setting Priorities

When creating an ISP it is critical for specialized services team members to have a shared understanding of the strengths, needs and priorities of the family and child.

In order for a family to receive specialized services their child must have a severe delay or deficit that results in significant limitations and service needs in two or more of the following areas: behaviour; communication and socialization skills; cognitive abilities; physical and motor development; and self-help skills and adaptive functioning. The family identifies their priorities for service relevant to the areas of critical service need.

FSCD specialized services are intended to strengthen the capacity of the family through change in the family, child and environment. The family is supported to learn new skills and implement strategies that will increase their child's participation in the activities of normal daily living.

Why set priorities?

The priorities of the family are the foundation on which the ISP is built.

When setting priorities the family states the things that they would like to change and establishes their order of importance.

When making decisions regarding specialized services the FSCD worker considers whether or not the ISP addresses the priorities identified by the family.

Considerations:

- → The family and child's routines and activities
- \rightarrow The strengths and abilities of the family and the child
- → The impact of the child's disability on the family including individual family members
- → The impact of the child's disability as it relates to their participation in the activities of daily living consider the following areas: communication and socialization skills; self-help skills and adaptive functioning; physical and motor development; behaviour; and cognitive abilities.
- \rightarrow Any upcoming transitions that the family and/or child may be facing

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Setting Goals

Setting goals is an important part of service planning. Goal setting requires focusing on what is important for the family and child. Specialized services goals integrate the perspective and vision of all members of the specialized services team.

When setting goals consider the following:

- \rightarrow goals reflect the priorities of the family;
- → goals address the child's most immediate and critical areas of service need;
- → goals support planning for upcoming life transitions as well as transition to less intrusive services;
- \rightarrow goals are based on assessment of current levels of functioning;
- → goals are meaningful and realistic; and
- \rightarrow goals are stated in measureable and observable terms

With a focus on the above considerations, the specialized services team will identify the primary goals for the family (e.g., 3-5 key goals) that clearly describe what the family is trying to accomplish.

Goals Reflect the Priorities of the Family

A key value of the FSCD Program is to provide family-centred supports and services. FSCD recognizes the family as the primary source of care and support for their child and respects and values a family's ability to care for and promote their child's development. The FSCD Program also recognizes the important role that parents and other family members play in influencing their child's development.

The specialized services team must consider how the goals will address the priorities expressed by the family. Goals that address family priorities set the foundation for success.

Goals address the child's most immediate and critical service needs

Specialized services are designed to assist families to learn specific skills and apply strategies to increase their child's participation in the activities of daily living. It is important for families to identify and consider life course or long term goals for their child and for the goals in the ISP to align with that longer term vision, however the goals identified in the ISP should focus on issues that are currently impacting their child's ability to participate in activities of daily living and the family's ability to support their

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child to carry out normal routines. The specialized services team should focus on goals that could reasonably be accomplished within a one year period.

Goals support planning for upcoming life transitions as well as transition to less intrusive services

Families and children experience many transitions, some natural (e.g., going to school, maturation) and some unplanned (e.g., illness, changes to family structure). Service planning for specialized services considers these transitions. Goals contained within the ISP should respond to the transitions that the family and child are experiencing, including preparation for different levels of support once service goals have been achieved. The focus of the goals should be for the family to have the skills to assist their child long after service intensity has decreased.

Goals are based on assessment of current levels of functioning

In order for specialized services to be effective goals must build on the child's current level of functioning. A child's current level of functioning across different domains can be understood through the use of relevant assessment tools and processes. Assessment is not a one time occurrence. The term assessment, for the purposes of the ISP, includes both formal measures (e.g., tests, data collection/analysis, probes) and informal measures (e.g., interview, observation).

Information gathered through assessment is used to inform service delivery. Interviews, surveys, observations, probes and standardized tests are all ways of gathering information that can be used when making decisions regarding goal setting, approaches or strategies and determining progress. The assessment is honed with each new piece of information. Standardized tools are valuable for demonstrating change and understanding how a child is performing developmentally or compared to other children their age.

As specialized services are intended to support guardian(s), consideration must also be given to the learning needs of the family, including learning style and availability of family members. Goals that are included in the ISP build on the assessed strengths and needs of the family and the child.

Goals are meaningful and realistic

Specialized services goals are clearly connected to the priorities identified by the family and are meaningful, realistic and observable to all members of the specialized services team. Stating goals in terms of how things will be different will help the specialized services team determine if the goals are meaningful for the family and child. The goals focus on functional skills that can be observed and generalized across the environments of home and community.

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Specialized services goals should promote the ability of the family to meet new challenges as their child develops. The goals should reflect the knowledge and skills that the family has identified they require support to develop.

Service expectations must be realistic. Realistic goals are those based on the child's current level of functioning. Families and services providers must work together to establish a mutual understanding of what can be reasonably expected in terms of progress. Goals may be set too high or too low. Goals that are set too high are unachievable and may lead to frustration. Goals that are set too low have underestimated the child's or family's abilities and may lead to boredom and frustration. It is essential that goals be changed or adjusted as new information is gathered.

Setting realistic expectations is the foundation for success.

Goals are stated in measureable and observable terms

ISPs include goals for the guardian(s), child and other family members. Goals for guardian(s) or other family members reflect knowledge and skills that they require in order to support the child's increased participation in the activities of normal daily living. Timelines for observing improvement in a child's ability to participate in activities of daily living will depend on the goals, the nature of the proposed specialized services and the individual strengths and abilities of the family and child. It is important to note that goals for family members may be achieved prior to improvement in a child's participation in the activities of normal daily living.

Specialized services goals are stated clearly so that all specialized services team members, including the family, can evaluate progress toward a goal.

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Setting Objectives

For each goal that is set the specialized services team identifies the prerequisite or foundational skills required to achieve the stated goal. The skills identified become the objectives of the ISP.

When setting objectives, consider the following:

- → objectives are logically connected to goal achievement;
- \rightarrow objectives are measurable and observable; and
- \rightarrow time lines are identified for each objective.

Objectives are logically connected to goal achievement

Objectives recorded in the ISP are clearly linked to the stated goals. It is not necessary to include a breakdown of every related objective. Objectives included in the ISP logically demonstrate the steps that will be taken to promote goal achievement.

Objectives are measureable and observable

How will the specialized services team know when the objective has been achieved? Objectives are recorded in plain language that state specific targets and how progress will be measured. For example, the objective will be achieved when Johnny is able to complete...... 70% of the time, based on a review of data that will be recorded by the aides two times per week.

Timelines are identified for each objective

For each objective proposed timelines for achievement are recorded. Having set timelines encourages the specialized services team to review and reflect on progress and to adjust the objectives as needed. For example, by July 31, 2010, the Smith family will use the picture exchange communication system 90% of the time when interacting with Johnny re: requests for drinks and snacks.

Strategies

Members of the specialized services team collaborate and develop strategies that will be used to meet the objectives set out in the ISP.

A strategy is a plan of action that is designed to meet a particular goal.

When selecting strategies, consider the following:

- \rightarrow Are the strategies described in enough detail to understand what is being done?
- → Do the strategies reflect that a multi-disciplinary approach is being utilized (e.g., is there evidence that more than one discipline is involved)?
- → Can the strategies be used across multiple environments in the family and child's life (e.g., home, community settings)?
- → Are the strategies based on established rehabilitative practice? (For additional information regarding established rehabilitative practices please see the <u>Guidelines</u> for <u>Demonstrating Effectiveness</u> which are available on the Children and Youth Services website at <u>www.child.alberta.ca/disabilities</u>); and
- → Are the strategies reasonable and least intrusive in nature (e.g., occurring in natural environments, embedded in daily routines)?

As with other parts of the ISP, the strategies included in the ISP may need to be modified as the work with the family and child progresses. For example the strategies may change or be modified over time based on their effectiveness, the progress being made or to capture more specifically the work with the family and child. Changes are reflected in the updated ISP.

Assigning Responsibilities

In order for an ISP to be successful a system of accountability is required. This is accomplished by assigning responsibilities to each member of the specialized services team, including the guardian(s). The ISP includes a clear description of who is responsible for the different actions/strategies outlined in the ISP.

All specialized services team members participate in the collaborative development, implementation and ongoing review of the ISP.

The specialized services team must choose one member, a health or non-health professional, to assume responsibility for reviewing and updating the ISP. Assuming responsibility for the ISP does not imply any supervisory responsibility for other specialized service team members

All members of the specialized services team are responsible for ensuring that the specialized services are delivered using a coordinated and integrated approach. The assigned strategies and specialized services team member responsibilities indicate how this will be achieved as well as how the specialized services will be coordinated with services outside of FSCD. The coordination and integration of specialized services should be evident when reviewing the ISP.

Monitoring and Tracking

Monitoring is essential to ensure progress toward goals and positive outcomes for families and children. Through monitoring and ongoing evaluation of the ISP, changes can be made to ensure optimal outcomes.

The ISP contains plans for monitoring service delivery and progress including:

- \rightarrow A description of what information will be gathered and by whom; and
- → A schedule for specialized services team meetings to review progress and make adjustments to the ISP.

Monitoring includes evaluation of specialized services outcomes achieved in the current ISP and informs the direction of specialized services or other types of supports and services for the coming period (where appropriate). The specialized services team considers:

- 1. Was progress made? Were desired outcomes achieved?
- 2. Are there functional challenges that remain?
- 3. Are there any new or emerging concerns that need to be addressed? Upcoming transitions?
- 4. Are specialized services the right service for the family and child at this time or is another less intrusive service indicated?
- 5. Are changes to the ISP required? and
- 6. Do the goals, objectives or strategies require revision?

Service Integration and Coordination

FSCD specialized services are provided using a coordinated and integrated approach. The specialized services team creates one ISP. The ISP includes input from all members of the specialized services team and demonstrates how the specialized services team will coordinate with the other supports and services that the family and child may receive (e.g., school, community recreation program, medical/health services).

Service integration and coordination:

- 1. Promotes consistency across environments
- 2. Involves open communication among the specialized services team members and between the specialized services team and others services/agencies
- 3. Ensures that services are not duplicated

The ISP reflects an integrated and coordinated effort. Indicators include:

- → All specialized services team members have signed the ISP or otherwise provided their approval of the plan in writing (this includes guardian(s));
- → The ISP reflects input from all specialized services team members;
- → The ISP includes information about how often the specialized services team members will meet; and
- → Indication of how specialized services are related to, and coordinated with, the other supports that the family is receiving (e.g., the OT working with the family in the home has consulted with the OT working with the child in his/her early education program).

Appendix 1 – Sample Individualized Service Plan (ISP) Format

 Specialized Services Team Members: include guardian(s) and other family members who are involved, service provider/agency, FSCD worker and each person's title and role: 		Specialized Services Team Meeting Schedule		
Impact of the child's dia family's strengths and child's strengths and in impact on the child's fu impact on the family	abilities nterests unctioning			
Other supports and ser	vices the child and family are receiving:			
Service priorities identi	ified by the family:			
GOAL 1:				
Objectives	Strategies to Achieve Objective	Person Responsible	Timelines	Measure of Success
GOAL 2:				
Objectives	Strategies to Achieve Objective	Person Responsible	Timelines	Measure of Success
GOAL 3:				
Objectives	Strategies to Achieve Objective	Person Responsible	Timelines	Measure of Success
GOAL 4:				
Objectives	Strategies to Achieve Objective	Person Responsible	Timelines	Measure of Success

Appendix 2 – Questions to ask when reviewing an Individualized Service Plan

Questions to ask when reviewing an Individualized Service Plan (ISP)

A. <u>Family Priorities</u>

- i. Are the family's priorities regarding specialized services identified?
- ii. Please describe the family's strengths and abilities.

B. Impact of the child's disability

- i. Is the impact of the child's disability on the family adequately described?
- ii. Is the impact of the disability on the child's functioning adequately described?
- iii. Are the child's strengths and interests adequately described?

C. <u>Goals</u>

- i. Are there a reasonable number of goals?
- ii. Do goal statements reflect the priorities of the family?
- iii. Does the plan include goals specifically for the guardian or other family members?
- iv. Do goals address the child's critical areas of need?
- v. Are goals based on an assessment of the child's current functioning and the learning needs of the family?
- vi. Do the goals promote family capacity?
- vii. Are goals stated in ways that are measurable and observable?
- viii. Are goals realistic (are they likely to be achieved within the timeframe of the service)?
- ix. Do the goal statements support upcoming life transitions or transition to less intrusive levels of service?

D. <u>Measurable Objectives</u>

- i. Are objectives logically connected to goal achievement?
- ii. Are objectives stated in ways that are measurable and observable?
- iii. Are timelines identified for each objective?

E.	<u>Strategies</u>		
i. Are strategies described in enough detail for the reader to understa			
	what is actually being done?		
	ii. Are strategies described in terms of who (e.g., aide or guardian), what, where, how much and how often strategies will be used?		
	iii. Is there specific mention of strategies the guardians will both learn and implement?		
	iv. Will following the strategies described logically lead to the goals or objectives stated?		
F.	Monitoring and Tracking		
 i. For each goal/objective set is there an adequate measurement description of Functioning prior to the implementation of specialized service How progress will be monitored? 			
	i. Have all specialized services team members signed the ISP?		
	ii. Does the ISP reflect the input of all the members on the specialized services team including the child's guardian?		
	iii. Is there evidence that the specialized services team will meet regularly and involve timely input from all members of the specialized services team?		
	iv. Are all other disability related supports and services the family and child currently identified (e.g., those provided by health, education and other community programs)?		
	 v. Is there a description of how the specialized services team will integrate and coordinate specialized services with other disability supports and services including other FSCD services? 		
	Summary		
1.	Is the ISP consistent with the FSCD worker's decision regarding the		
2.	provision of specialized services and/or the MDT Recommendations? Is the ISP satisfactory to the FSCD worker?		
2. 3.	What changes are required to ensure that the ISP is satisfactory to the FSCD worker?		