New Precedent in Family Policy: Individualized Family Service Plan

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ABSTRACT: By requiring a family focus in the provision of early intervention services, the Individualized Family Service Plan (IFSP) provisions of Public Law 99-457 establish a new precedent in public policies for families of children with disabilities. In this article, the conceptual and procedural mandates of the IFSP are analyzed from two perspectives: as bold, radical steps taken by the federal government and as logical extensions of current service delivery practices that focus on the child but involve parents in planning and implementing programs. The implications of these perspectives for policy and program implementation are discussed.

The 1986 Amendments to the Education for All Handicapped Children Act, Public Law 99-457, in both spirit and word, fundamentally alter public policies for children with handicaps or developmental delays—and for their families. In addition to extending federal requirements for special educational services to children between the ages of 3 to 5 years by 1990, Part H of the law established a discretionary program to assist states in the development and implementation of a system of early intervention services for handicapped infants and toddlers and their families. Embedded within the provisions of Part H is the requirement that early intervention programs develop an Individualized Family Service Plan (IFSP) for each enrolled child and his or her family. The IFSP effectively redefines the service recipient as being the family (rather than the child alone), requires explicit judgments about the family’s service needs, and reconstitutes the decision-making team by mandating family representation. These three critical features, in both symbolic and practical terms, mark a precedent in public policies for handicapped children and their families.

This article presents two perspectives on the IFSP as a barometer of change in family policy. It begins with a brief discussion of the traditional ambivalence of policy makers to mandate services for families solely because they have a child with a handicapping condition. It then presents a review of the legislative requirements for the development and content of the IFSP. Finally, two contrasting perspectives on the IFSP are presented: as either a radical change in family policy or as an example of legislative incrementalism. The implications of both perspectives for service providers and families are discussed.

POLICIES TOWARD FAMILIES WITH A HANDICAPPED CHILD

Although public policies toward families with a handicapped child acknowledge families’ legitimate claim on public resources, they historically have not expected or permitted families to exercise this claim equally (Krauss, 1986). The assumption of special family needs is based on decades of research enumerating the social, emotional, and financial consequences of parenting a child with a handicap (Blacher,
Policy: Service Plan

In recent years, the role of the IFSP has evolved from a focus on service delivery to one that emphasizes family involvement and capacity building. This shift has resulted in a reassessment of the role of service providers and their relationships with families.

The IFSP: A Description

Most service systems for persons with disabilities require a written plan that details the individual's needs and required services. Individualized services have become a hallmark of the special education system (as operationalized by the Individualized Education Plan, IEP) and of individualized service plans (such as Individualized Education Habilitation Plans). This requires the IFSP to be yet another iteration of a basic belief in the right of persons with disabilities to receive services that are tailored to their specific needs.

The law is explicit on aspects of the IFSP's content and process for development. The IFSP must contain a statement of the child's present functioning in the following areas: physical development, cognitive development, language and speech development, psychosocial development, self-help skills. It must also contain a statement of the family's strengths and needs related to enhancing the development of the family's handicapped infant or toddler. Specific goals or outcomes for the family and the child must be written, along with the criteria, methods, and timing to be used to evaluate goal attainment. The services needed to achieve prescribed goals (including their frequency, intensity, and method of delivery) must be fully described, and the family's case manager, responsible for implementing the plan, must be named. The multidisciplinary team that formulates the IFSP is required to review and revise the plan on a scheduled, periodic basis.

The process for the development of the IFSP requires that the child's parent(s) be a member of the multidisciplinary team that constructs the plan. The team's decisions must be based on a multidisciplinary assessment of the child and...
family. Procedural safeguards are specified that may be invoked by parents who dispute the program's compliance with the law’s requirements.

The IFSP provisions of Part H have generated considerable controversy among system planners and program providers who are charged with developing the procedures by which the IFSP (which focuses on the family as a unit) will supplant the traditional individualized service plan (which focuses on the child as the primary service recipient) in early intervention programs (Hauser-Cram, Upshur, Krauss, & Shonkoff, 1988; McGonigel & Garland, 1988). Depending on one’s interpretative lens, the IFSP provisions may be considered a radical or fundamental change in social policy toward families with a handicapped child. Alternatively, they may be viewed as an example of legislative incrementalism, or the making of relatively small adjustments in existing programs and policies to gradually achieve long-term goals (Lindblom, 1959).

Resistance to full implementation of the spirit and letter of the law can be anticipated if the IFSP is viewed by service providers as a radical change in service and policy principles. The IFSP essentially redraws professional-parental boundaries (through parental participation on the multidisciplinary team) and recasts the framework of services (from the child as the primary recipient to the family as a unit). These fundamental changes challenge existing practices in many early intervention programs, as described in the following section.

If viewed as an incremental change in existing services and policies, implementation issues will more likely focus on the development of best practices or techniques for achieving full compliance. Incremental change is typically viewed as less threatening to prevailing practices and, indeed, is often championed as necessary adaptations in service-delivery patterns to remedy known deficiencies.

The Radical Perspective

What’s so radical about an IFSP? First, the IFSP provision represents a federal requirement that a mandated service for particular children delve into the lives of the child’s family. Specific objectives for the family, as well as for the child, are to be articulated and progress toward those objectives measured. This approach represents a significant departure from the traditional hands-off approach of public policies to intervening in the lives of families who are not otherwise identified as having problems (Steiner, 1981). It assumes that all families with a handicapped child are in need of services to enhance their child’s development. This assumption may be interpreted as consistent with the pathological model of family adaptation that characterizes a good deal of the research literature.

Second, the IFSP represents a significant change in current service delivery practices. The law describes the family as the primary service recipient—not the child in isolation from the family unit. Few early intervention programs currently include an explicit assessment of family strengths and needs in the development of the child’s plan for services (Bailey & Simeonsson, 1986; Dunst & Trivette, 1988). Though informal family evaluations may be made based on clinical impressions and intake interviews, there is a deep-seated discomfort on the part of many early intervention professionals, who have been trained in their specific therapeutic disciplines, to make actionable judgments about the functional needs of such complex and private domains as families (Krauss & Jacobs, 1990).

Although the law requires the documentation of family needs and their incorporation into the IFSP, it is silent on the specific domains of family life that should be assessed. Thus, it sanctions both cursory and probing evaluations of family functioning. The word needs is indeed vague, but there are currently no parameters defined for how deeply or broadly family functioning or resources (either personal or familial) can or should be investigated to develop a responsive service plan. Some early intervention programs may take an aggressive position with respect to the range of parental psychodynamic characteristics, intrafamilial processes, and family resources considered appropriate for review. Others may adopt less intrusive assessment protocols.

Issues of parental and family privacy are sure to surface quickly. Families may chafe at the realization that because their child has Down syndrome, or was born with a low birthweight, they, too, must be evaluated if their child is to receive services. Disagreements between professionals and families regarding family needs and goals will reveal the funda-
significant departure from the "medical model approach of public services in the lives of families who are identified as having disabilities (1981). It assumes that all families with a developmentally disabled child are in need of services to restore their child's development and function, which may be interpreted as a negative and pathological model of disability that characterizes a good deal of social policy.

Early intervention programs represent a significant change in service delivery practices. They view the child and family as the primary unit reiterating the theme of the child in isolation from the family. Few early intervention services take into account an explicit assessment of the strengths and needs in the family. This theory is to be found in the IFSP mandate for plans for services to children with disabilities (Moeller, 1986; Dunst & Trivette, 1988). Formal family evaluations and referrals are based on clinical impressions and insufficiencies in expertise is a deep-seated difficulty. Thus, many early intervention programs have been trained in their disciplines to make assumptions about the functional needs of their respective domains as families (1985).

The Incremental Perspective

From an incrementalist perspective, the explicit incorporation of family needs into the formal individualized service plan drawn up by early intervention programs simply codifies the family-focused orientation to which many early intervention programs, child development professionals, and program evaluators already subscribe and practice. Redefining the service recipient reflects contemporary theoretical perspectives about child development (Belsky, 1981), current practices in many early intervention programs (Bailey, et al., 1986; Bricker & Casuso, 1979; Healy, Keesee, & Smith, 1985), and empirically based findings regarding enhanced outcomes for children whose parents are involved actively in their early intervention programs (Bronfenbrenner, 1974; Shonkoff & Hauser-Cram, 1987). Thus, to include the parent(s) as a member of the service decision-making team, to specify parental needs and concerns in the IFSP, and to establish a verbalized partnership with families in the promotion of the child's development is wholly consistent with current best practice principles.

The IFSP provisions state that family needs are to be determined in relation to the enhancement of the child's development. This can be interpreted as an acknowledgment that the family exerts the pivotal influence on the child's development and that services directed to the child must work with and through the family to be effective. This approach has been
espoused on both theoretical (Bronfenbrenner, 1986) and empirical grounds (Crockenberg, 1981; Weinraub & Wolf, 1983). The role of families, therefore, in early intervention programs may be viewed as a collaborator with the professional staff, with both parties focused on facilitating the child's development. Family needs may be defined only insofar as they relate to the concrete objective of ensuring that the child with a handicap receives the full support and expertise of those members of the child's ecological system—i.e., family and formal service providers. This perspective assumes that though the target of the IFSP remains the child, there is, simultaneously, an acknowledgment of the central role that the child's family occupies in achieving any prescribed therapeutic goals.

The IFSP provisions can also be interpreted as more incremental than radical from another perspective. As noted earlier, the procedural requirements for parental membership on the early intervention multidisciplinary team draw heavily from the legacy of parent involvement incorporated within P.L. 94-142. When children enter the public special education system, parental input and agreement to the child's educational plan is a federal requirement. In practice, active parent participation in the IEP process has been found to be uneven (Goldstein, Strickland, Turnbull, & Curry, 1980; Trailer, 1982), but the precedent for parental involvement in the assessment of children's needs and in the planning of specific services has existed since 1975. To extend this familial obligation or role to federally supported early intervention programs is a logical step. Indeed, to deny formal parental participation in the services designed for their very young child and themselves would challenge deeply held values about the primacy of the family's role in the care and nurturing of their children.

Further, no regulation states that an IFSP is incomplete without family-oriented goals. If, on the basis of the interdisciplinary team assessment, specific and measurable family goals are deemed unnecessary (particularly according to the family's wishes), the IFSP can contain such a statement and include only the service goals determined for the child receiving services. Thus, the presumption that not all families will require services is maintained. The law and its regulations only legitimize the possibility that families will be service recipi-ents, rather than require any specific services for families for whom no observable or measurable needs are present.

POLICY AND PROGRAM IMPLEMENTATION ISSUES

Public policies for families with handicapped children have long been criticized for being unresponsive to family needs and unsupportive of familial care (Moroney, 1983). Though state-level initiatives in the development of family support programs have increased dramatically in the last decade, typically these programs are not comprehensive, are targeted to a limited number and type of family, and rely on unstable funding sources (Agosta & Bradley, 1985; Krauss, 1986). Part H of P.L. 99-457 is the first piece of federal legislation that implicitly acknowledges the transactional nature of child development (Sameroff & Chandler, 1975), requiring that the family and the child be viewed as one unit and that their unique and collective needs be assessed and met. In breaking with the historical tradition of separating services for children with handicaps from those available for their families, Part H sets a precedent for future policies by establishing the family unit, rather than individual members within it, as the appropriate focus of service.

Conceptually, the IFSP mandates of P.L. 99-457 are consistent with contemporary perspectives on the ecology of child and family development and with current special education practices requiring parental involvement in decision making. Procedurally, the IFSP mandates require fundamental structural change in what is anticipated to be a national network of services for young children with disabilities and their families. For example, recent studies found that only 20% to 40% of parents were programmatically involved in their child's early intervention program (Bricker, 1986) and that before the law's passage, only 19% of the states required the designation of a case manager in early intervention programs (Meisels, Harbin, Modigliani, & Olson, 1988).

Although a new precedent has been established with the passage of P.L. 99-457, studies of policy implementation suggest that the powerful forces behind the implementation of any law are the front-line people—the legions of professionals who interact with the public and dispense their version of the law (Lipsky,
require any specific services nor do they have any observable or impairments.

1. PROGRAM ISSUES

Families with handicapped children have been criticized for being overly protective and unsupportive (Morrone, 1983). Though families in the development of early intervention programs have increased dramatically, typically these programs are comprehensive, are targeted at children with intellectual and physical disabilities, and rely on federal and state resources (Agosta & Brandt, 1986). Part H of P.L. 99-457 requires that all of the aforementioned requirements be met and that their unique needs be assessed and met. In addition to the special education system, the family and the child are unit and that their unique needs are to be assessed and met. In the historical tradition of separation and the treatment of children with handicaps from their families, Part H sets a policy of inclusion by establishing the individual members of the family as the appropriate focus of service.

The IFSP mandates of P.L. 99-457 have paralleled contemporary theories of child and family development. Although the current special education system may involve parental involvement in the educational process, it is not until recently that the IFSP mandates have been translated into practice. For example, recent studies have shown that only 40% of parents were alive in their child’s early years (Bricker, 1986) and that only 19% of the states had a case manager program (Meisel, 1988).

The IFSP has been established as a model for P.L. 99-457, studies suggest that the IFSP is a comprehensive program that is designed to empower families and the implementation of these programs within the public education system—has been embraced by the public and has been successful in the implementation of parent involvement within specialized services. For many programs or state systems, the law may invigorate and stimulate programmatic activities in these desired directions.

Thus, a new precedent in public policy for families with a handicapped child has been created in this law. The full implementation of the IFSP—the integration of child and family services—requires adequate resources committed by the Congress and state—appropriate, though complex, administrative structures at the state level; and a responsive system of early intervention programs at the local level (Shonkoff & Meisels, 1990). In subtle and overt ways, however, the local early intervention programs will negotiate the law as passed by the Congress within the realities of its organizational capacities and philosophical orientation. Whether professionals within these programs champion the intent of the IFSP or comply minimally with its mandate warrants careful scrutiny.

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