

# Infant and Child Development Program Guidelines

Ministry of Children, Community and Social Services

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# I. Background and Guiding Principles

## Purpose and Application of the Guidelines

The purpose of the guidelines is to provide operational guidance for professionals delivering services within the Infant and Child Development Program (“ICDP” or “the program”), with the intent to situate the program and its services within the broader children’s service sector. The guidelines outline the ministry’s expectations of service providers and support a level of consistency in service across the province. The guidelines are also designed to be flexible enough to accommodate regional differences, new knowledge and the evolution of the ICDP.

This document is intended to enable family-centred services based on research and best practices and facilitate knowledge of how services within the program are part of a broader range of specialized supports for children and their families.

These guidelines describe the:

- background, principles, goals of the ICDP;
- approach and commitment to family-centred practices;
- program eligibility criteria and services provided; and,
- roles and expectations of ICDP agencies and professionals involved in the delivery of the program.

## Healthy Child Development

Literature on developmental health trajectories demonstrates that early detection of risks and challenges, and timely support of children and families sets a critical foundation for healthy development and improves long-term outcomes across the lifespan<sup>1,2</sup> These studies recognize the need for early identification, service delivery and provision of resources and support for children showing signs of developmental concerns to increase the likelihood of positive developmental outcomes and childhood experiences<sup>3</sup>. Optimizing development in this period can be accomplished by ensuring

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<sup>1</sup> Halfon, N., Larson, K., Lu, M., Tullis, E., & Russ, S. (2014). Lifecourse health development: Past, present and future. *Maternal Child Health J.*, 18(2), 344-365. doi:10.1007/s10995-013-1346-2.

<sup>2</sup> Hetzman, C. (2010). Social geography of developmental health in the early years. *Healthcare Quarterly*, 13(1), 32-40.

<sup>3</sup> The Foundations of Lifelong Health Are Built in Early Childhood (Rep.). (2010). *Center on the Developing Child, Harvard University*. Retrieved from <https://46y5eh11fhgw3ve3ytpwxt9r-wpengine.netdna-ssl.com/wp-content/uploads/2010/05/Foundations-of-Lifelong-Health.pdf>.

the child is exposed to developmentally enriching and enhancing environments<sup>4</sup>. A delay in one or more domains of development (e.g., cognitive functions, speech functions, mobility) can have significant long-term effects on children's functional behaviour and skills<sup>5</sup>. There is also widespread scientific and clinical consensus that investments in optimizing early development pays off through upstream prevention of health problems and increasing social benefits.

Identifying risks early in a child's life results in improved opportunities for success. The Ministry of Children, Community and Social Services (MCCSS) provides funding for healthy child development programs to maximize the potential of children with a developmental concern, and prepare them for success in school and in life.

## The Infant and Child Development Program

The ICDP is part of a range of healthy child development programs in Ontario that seek to enhance the growth and development of children, including those with a developmental disability and/or risk of developmental delay. The ICDP partners with families to provide support, information and early intervention services.

The foundational approach of the program is to provide family-centred services in the early years of a child's development, primarily in the home: i.e., working with children and their parents/caregivers where they have routines in their daily environment. ICDP professionals support children and families to identify and plan developmental goals, and work with children to help them achieve those goals. Additionally, ICDP professionals provide coaching, consultation and support to parents/caregivers in other ways such as helping them access and coordinate with other relevant community services, where appropriate.

The ICDP recognizes that the family is the major support and influence in a child's life. To help achieve meaningful outcomes, ICDP professionals will work with the family/caregivers to support their active involvement in all services. When serving children and their families, the ICDP will:

- provide an integrated approach to child development and family-centred services that is parent/caregiver-led and responsive to parent/caregiver strengths, competencies and priorities;
- take an interdisciplinary and collaborative approach, working with other community programs and agencies ("service providers") to provide the greatest opportunity for optimal development of the child and family; and,
- provide services within the child's daily environment and build upon the family's usual routines.

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<sup>4</sup> Baker, M. (2011), Innis lecture: "Universal Early Childhood Interventions: What is the Evidence Base?" *Canadian Journal of Economics*, 44, 1069-1105

<sup>5</sup> World Health Organization. (2013). *International Classification of Functioning, Disability and Health: Child & Youth Version (ICF-CY)*. Switzerland, EU

# Principles Guiding the Infant and Child Development Program

Ontario's ICDP is based on the following principles:

- **Family-centred:** Parents are the most important influences on the growth and development of their children. Through a family-centred service model, the program will focus on building the capacity of the parent/caregiver to nurture and enhance the child's wellbeing and development. Services will be delivered in ways that acknowledge the family as the central decision-maker for the child and best suited to raise concerns about the child. The ICDP also recognizes the Principles of Family Support as central to family-centredness.<sup>6</sup>
- **Supportive of Functional Outcomes:** ICDP professionals will collaborate with families/caregivers to enhance their child's participation in family routines by embedding learning strategies into usual routines as much as possible.
- **Diverse and inclusive:** Services will respect each family's individual needs and circumstances. ICDP professionals will be knowledgeable about the ways in which social, linguistic, cultural, racial and ability differences impact family circumstances. Agencies delivering the ICDP will deliver culturally informed services to all families in the program.
- **Collaborative and coordinated:** ICDP services will collaborate with other programs in the broader children's service sector to support coordinated service delivery. Agencies will also support referrals to other programs and providers within the service sector to best meet the family's needs. ICDP professionals will collaborate with other service providers working with the child to actively coordinate care to reduce burden for families/caregivers.
- **Flexible and responsive:** ICDP professionals will deliver timely and individualized services in accordance with a child's characteristics (i.e., strengths and needs) and goals. The approach to service provision will be guided by a Family Service Plan that will be developed in partnership with the family. Services will be flexible, proactive and continually responsive to the child's characteristics.

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<sup>6</sup> The Guiding Principles of Family Support. (2002) FRP Canada. Retrieved from:

<http://www.frp.ca/index.cfm?fuseaction=page.viewpage&pageid=1242>

## II. The Broader Children’s Services Sector

The ICDP is one of a number of services that supports early childhood development in Ontario. Programs and services in the sector include the following: Healthy Babies Healthy Children (“HBHC”), the Ontario Autism Program, Infant/Children’s Mental Health Services, Coordinated Service Planning (“CSP”), rehabilitation services provided by Children’s Treatment Centres, Preschool Speech and Language Services, EarlyON Child and Family Centres, Blind Low Vision, Infant Hearing Program, licensed child care and other programs and services.

Early intervention and special needs services provide support in various ways, some of which include clinical interventions (such as behavioural therapy, speech and language therapy, occupational therapy and physiotherapy), support to parents/caregivers, service coordination, counselling and support for transitioning to school.

Families may receive services from different programs that support early childhood development. Effective communication and coordination between the ICDP and other service providers is important to ensure that appropriate referrals are made within the broader children’s service sector. As the ICDP may be one of the first programs accessible to families, there are opportunities for ICDP professionals to identify concerns through assessment activities and to make appropriate referrals. Referrals to the ICDP come from a variety of sources and programs, with the majority coming from physicians, parents, multiservice agencies (including agencies providing child protection services), Children’s Treatment Centres and the HBHC program.

The ICDP professional is expected to work together with the family to help them make informed decisions about the most appropriate services for their child. ICDP professionals should also collaborate with others towards a seamless provision of services for children and their families. For example, it is best practice that agencies strive to support a “warm transfer” of services between providers and reduce the need for families to unnecessarily repeat information about their circumstances and services to various providers.

Children with multiple and/or complex special needs and their families may require a variety of specialized services and supports that cross the children’s community, health and education sectors due to the depth and breadth of the child’s needs and other factors which may affect the whole family. Some families of children with multiple and/or complex special needs may benefit from dedicated support that can be provided through CSP. With consent, referrals to Coordinated Service Planning can be made at any point that a child’s needs are recognized to be multiple and/or complex. Family information should be shared with the Coordinating Agency for intake through a warm referral. Families can also self-refer to CSP.

Decisions about whether a family should receive CSP will be made by the Coordinating Agency with the family, based on an assessment of whether the service will be beneficial to the child and family. The family has the choice of whether to participate in CSP services. Service Planning Coordinators and other trained staff involved in intake will work with the family to determine whether a family should receive service and at what level of intensity.

When a child and family begins to receive CSP, the ICDP professional will remain involved with the family and will participate in Coordinated Service Planning at the request of the family, to promote streamlined service delivery and avoid duplication of roles. Information from the Family Service Plan should be shared (with consent from the family) with the Service Planning Coordinator to inform the development of the Coordinated Service Plan and so that the need for the family to repeat their story is minimized.

Where appropriate, ICDP agencies will establish protocols and pathways with other local community service providers and review these agreements regularly. For example, these may include collaborating to support centralized access mechanisms in the community and developing a process for warm referrals and seamless transitions of families.

To support awareness about the ICDP amongst referral sources, ICDP professionals should engage with program staff in the broader children's services sector to exchange information about service mandates, eligibility criteria, the nature of services offered, referral procedures, service coordination and supported transition protocols. Agencies are also encouraged to participate in community and children's service planning tables to remain informed and to be active members of community system planning supporting healthy child development.

## III. Program Components

### Program Eligibility

#### Age

The ICDP serves children from birth to school entry who have a developmental disability and/or risk of developmental delay. A child is eligible to receive services until as early as junior kindergarten entry or up to grade one entry, if the child does not attend kindergarten.

## Developmental Factors

The ICDP works with children based on functional need and concern; a medical diagnosis is not required to access ICDP services. The eligibility criteria contribute to the uniqueness of the program as agencies often see children at the earliest signs of a developmental concern, underscoring the importance of the ICDP's services within the broader children's services sector.

The ICDP serves children and families with a range of ability, confidence and awareness of the supports they might receive. ICDP professionals should understand the impact of the concern or diagnosis on the child and family in order to provide the appropriate services at the right time, that best support the family's needs.

Although children do not need a diagnosis to access services, children may exhibit concerns related to diagnosed medical conditions or to a history of prenatal, perinatal, neonatal and/or early development events that may have increased the probability of developmental delay, or raised a concern of developmental delay. Examples may include genetic or chromosomal syndromes, neurological disorders, pre- or perinatal complications, prematurity and associated complications, among many others. Children may display a range of characteristics related to a number of factors (e.g., established or biological) and concerns.<sup>7</sup>

Additionally, families can be impacted by psychosocial or environmental factors, which may be related to the child's development such as poverty, inter-generational trauma, racialization or discrimination. The ICDP serves children whose development may be affected by psychosocial or environmental factors if those factors are combined with other developmental concerns. Families who may be affected by psychosocial or environmental factors exclusively should be referred to the HBHC program.

One of the top referrals to the ICDP is from the HBHC program. In cases where families are receiving both services ICDP and HBHC, ICDP programs are expected to collaborate with Public Health Units to determine the best combination of services for the child and family. A best practice is to develop service protocols accordingly. For example, the ICDP may act as the main provider of services for the child and seek consultation services from the HBHC program to support other family needs.

## Consent

Consent from families should be obtained and confirmed throughout services, per appropriate legislation.

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<sup>7</sup> Tjossem, T.D. (1976) Early intervention: Issues and approaches. in T.D. Tjossem (Ed.), *Intervention strategies for high-risk infants and young children*. Baltimore, MD: University Park Press.



# Assessment

## Overview

Assessment is an important component of the ICDP that enables professionals to identify child and family needs in order to identify the most appropriate services. Gaining an understanding of the child and family's characteristics and interactions with one another allows ICDP professionals to have a holistic picture of the child and their environment to inform a tailored Family Service Plan.

ICDP professionals will inform parents/caregivers about the purpose of the assessment, engage them in the process, and facilitate decision-making based on the results. It is best practice to use the approaches and methods outlined in the Delivery Approaches section of this document (pages 21-25) when completing assessments.

Assessments which are carried out within the child's everyday routines to observe their characteristics and functioning in their daily environment (commonly referred to as "authentic assessments" within research)<sup>8</sup> are encouraged of ICDP professionals.

## Child Characteristics

Children in the ICDP may have characteristics that make it challenging for parents to interpret their child's interactions or communication (e.g., temperament, functional abilities, emotional regulation).

ICDP professionals will observe and record information on the child's functional, social, emotional, cognitive, linguistic and motor development to help inform assessments.

ICDP professionals may collect the following information on the child, as appropriate:

- level of participation;
- how the child is functioning, based on F-words (e.g., function, fun. See page 18)<sup>9</sup>;
- history of development;
- developmental skills (e.g., participation, motor, linguistic, cognitive or sensory skills, others as appropriate);
- physical characteristics;
- temperament;
- development of emotional expression;

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<sup>8</sup> Bagnato, S. J. (2005). The Authentic Alternative for Assessment in Early Intervention: An Emerging Evidence-Based Practice. *Journal of Early Intervention*, 28(1), 17-22. doi:10.1177/105381510502800102

<sup>9</sup> Rosenbaum, P., & Gorter, J. W. (2011). The 'F-words' in childhood disability: I swear this is how we should think! *Child: Care, Health and Development*, 38(4). doi:10.1111/j.1365-2214.2011.01338.x

- social responsiveness; and,
- effectiveness of pre-linguistic communication.

Other information may be collected as deemed appropriate by the ICDP professional.

## Family Characteristics and Environmental Information

Developing an understanding of the family/caregiver(s) and their environment can help ICDP professionals recognize the characteristics of parent-child interactions and appreciate the impact that services may have on the whole family. Understanding the family/caregiver(s) and environment allows ICDP professionals to develop a more individualized approach and provide more effective services.

The initial contact, whether by telephone or in person, provides an opportunity to explore the parent/caregivers' concerns regarding the child's development; awareness and expectations regarding the ICDP services; and receptivity to participating in the program.

ICDP professionals will gather information to assess the parent/caregiver's knowledge, attitudes and ability to interact with their child. They may look specifically at factors such as:

- knowledge of child development milestones and individual differences;
- understanding of the developmental delay or concern; and,
- parenting/child-raising abilities and confidence, and social conditions that have an individual impact (e.g., parenting style, conditions of the home [environmental factors or stressors], behaviour management techniques, ability to provide play experiences appropriate to the child's age and ability).

ICDP professionals should consider how to accommodate families that may have other immediate needs (e.g., housing). Where the family or individual functioning appears to indicate the need for further assessment or support, ICDP professionals will refer the family to a specialist with appropriate training in social work, psychology, psychiatry, family counselling or other professionals or programs.

Throughout the information gathering process, it is important for ICDP professionals to clarify the family's intentions with respect to participating in program services and/or continuing the assessment process. As part of the review of family characteristics, ICDP professionals must be sensitive to linguistic and cultural influences on family relationships.

A range of factors may affect a parent/caregiver's capacity to participate in service. For example:

- **Responsiveness:** The birth of a child with developmental challenges can affect the family's physical and emotional responsiveness. Medical or health care routines may take an inordinate amount of time and limit the time available for program intervention services.
- **Adaptation:** Each parent/caregiver moves through a process of adjusting to their newborn at a different rate. Their expectations for their child and their willingness to participate in a program can reflect their current stage of adaptation.
- **Receptiveness:** Families may experience varying levels of receptiveness depending on the referral circumstances, the parent/caregiver's view of the child and the reason for referral.
- **Values:** Families may not share the values or appreciation of the importance of early intervention and services provided by the ICDP.
- **Commitment:** The parent/caregiver's level of motivation and commitment or degree of uncertainty will affect their willingness to engage with the ICDP professionals.
- **Referral Support:** Parents/caregivers may require referral support to other community agencies and/or resources (e.g., Coordinated Service Planning) to address their complete range of needs.
- **Environment:** Environmental and situational stresses as well as resources and social supports will affect a parent/caregiver's physical and emotional adaptability.

## Parent/Caregiver-Child Interaction

The early parent/caregiver-child relationship is vital to the child's development.

Parents/caregivers differ in their responsiveness and sensitivity to their child's behaviour. By observing parent/caregiver-child interactions, ICDP professionals may be able to identify strategies that support the child's development and those that could improve those interactions<sup>10</sup>.

As a best practice, ICDP professionals should observe the behaviours and characteristics of both the parent/caregiver and the child and the impact they have on each other. When observing parents/caregivers and children, ICDP professionals should assess the quality of a range of interactions<sup>11</sup>, such as:

- the parent/caregiver's response to child cues;

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<sup>10</sup> Roggman, L., Boyce, L., & Innocenti, M. (2012). *Developmental parenting: A guide for early childhood practitioners*. Baltimore: Paul H. Brookes.

<sup>11</sup> The HBHC program mandate supports parent/caregiver-child attachment. The ICDP and the HBHC program should work together to determine the involvement of each program based on the child and family characteristics.

- the parent/caregiver’s responsiveness to distress and crying, responsiveness to vocalization, cooperation, interference and flexibility;
- the amount of physical contact between parent/caregiver and child, and the nature of the contact (e.g., affectionate, interfering, intrusive, routine, avoidant);
- visual contact and face-to-face interaction between parent/caregiver and child (e.g., eye contact, pacing of interactions, tendency to maintain contact at a distance); and,
- expression of positive affect (e.g., amount of emotional expression, nature of emotional expression, acceptance-rejection).

According to the World Health Organization’s research on the social determinants of health, environmental conditions to which children are exposed in early years can impact the child’s developmental trajectory.\* Environmental variables may impact the level of family engagement/participation in service and influence the focus of the Family Service Plan. Environmental variables, which may be factored into service provision, include: isolation, age or experience of parent/caregiver, poverty or homelessness, violence in the home, substance abuse, and/or, health and safety issues.

\*Siddiqi, A., Irwin, L., & Hertzman, C. (2007) Total Environment Assessment Model for Early Child Development. *World Health Organization*. Retrieved from: [http://www.who.int/social\\_determinants/resources/ecd\\_kn\\_evidence\\_Report\\_2007.pdf?ua=1](http://www.who.int/social_determinants/resources/ecd_kn_evidence_Report_2007.pdf?ua=1)

## Assessment Tools and Observations

A measure of the child’s functioning must be obtained through an assessment within 90 days from the first visit and at program discharge. Multiple assessment tools are in use by ICDP agencies across the province.

No single assessment tool can provide all the information that is required to provide comprehensive ICDP services. A variety of assessment techniques and tools, including observations, assessments of a child’s functional abilities, interviews, as well as standardized and criterion-referenced tests should be used.

ICDP professionals will be familiar with a variety of assessment tools, and will be able to choose and utilize those that will:

- reflect the individual assessment needs of the child and family;
- serve the purposes of the assessment (e.g., classify, detect change over time); and,
- accommodate their expertise and professional training.

Multiple, complementary tools and observations (including both formal and informal assessment measures) are recommended to monitor the child over time.

When selecting assessment tools, the ICDP professional will ensure that:

- appropriate qualifications and training to administer the tools and interpret the developmental and functional information are in place;
- practices adhere to accepted standards for the use of the techniques and tools;
- appropriateness of the age-range of the child is considered;
- cultural and linguistic appropriateness is considered; and,
- the tools are amenable to a re-assessment and monitoring of the child over time.

As best practice, ICDP professionals should encourage parents/caregivers to have the child's hearing and vision assessed prior to assessment with the ICDP.

It may be appropriate to connect with other early intervention programs (e.g., Preschool Speech and Language) when clinical or specialized assessments beyond the scope of the ICDP are recommended. When an ICDP professional requests an external consultation or assessment, they will (with parental consent) provide the external consultant or assessor with:

- recent history and assessment information about the child or family;
- the specific reasons for concern, including behaviour in the area of functioning; and,
- a list of questions to be answered by the assessment and how assessment results will be used.

The Ontario Association for Infant and Child Development (OAICD) Best Practices document includes additional information about family-centred assessment approaches<sup>12</sup>.

## Documenting and Sharing of Information

ICDP professionals must record all contact with the family either on the referral form or on a separate document identified by the agency. The ICDP professional will include a brief family information summary in the child's record. When recording family/caregiver information, ICDP professionals will record direct observations and/or reports from the family/caregiver.

ICDP professionals will also prepare assessment reports on each child/family, informed by the family. The assessment report:

- describes the child's and family's characteristics;
- establishes the child's birth history and baseline status before services;
- documents the child/family's involvement with the program;

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<sup>12</sup> For more information see: <https://www.oaicd.ca/resources/best-practices/>

- documents other program assessments or involvement with the child and family;
- provides a summary of what the professional knows about the child, the family and their interactions;
- identifies any outstanding information required from the family and/or other service professionals;
- documents assessment results clearly; and,
- includes recommendations for service.

ICDP professionals will use the assessment report to facilitate a family/caregiver's decision-making and prepare a Family Service Plan. Agencies can adapt the format to fit their needs – there is no ministry required template for the assessment report.

The assessment information gathered may be useful and relevant for parents/caregivers and professionals from other child development programs involved with the child, and will be summarized in the child's record. When sharing assessment information, ICDP professionals will determine the amount of information and detail required (recognizing that each service provider has different information needs), as well as the most effective way to communicate the information. ICDP professionals are required to review reports with parents/caregivers. Reports may be provided to other service providers with the signed consent of parents/caregivers in accordance with legislation.

## Family Service Plan and Service Delivery

### Overview

ICDP professionals will work in partnership with the family/caregiver to develop a Family Service Plan (“the plan”) for each family/caregiver accepted into service. The plan is family-centred, based on functional needs, outcomes-oriented and benefits both the family/caregiver and service professionals. The plan supports professionals in focusing on specific child and family/caregiver goals and strategies (i.e., plans of action) so that everyone involved with the child is working together to meet their individualized needs. The Family Service Plan is based on the family/caregiver's choice of service delivery and resources, their priorities and concerns, and on the child's developmental characteristics.

The Family Service Plan is specific to each child and family, and not intended to be agency or program specific. In some cases, ICDP professionals may be part of a group of professionals from various service providers working together to develop one integrated plan.

Agencies are required to have copies of the Family Service Plan in the child's file as well as providing a copy to the family.

Family Service Planning and Service Delivery involves the following components:

- Engaging parents/caregivers in goal setting and service planning;
- Developing the plan;
- Delivering the service;
- Reviewing and revising the plan as needed; and,
- Supporting transition.

## Engaging Parents/Caregivers in Goal Setting and Service Planning

IDCP professionals are encouraged to support parents/caregivers in being active participants and decision makers in the family service planning process. Parents/caregivers should be provided the opportunity to contribute their depth of knowledge and the goals they have for their child.

IDCP professionals will support parents/caregivers in this role by:

- engaging parents/caregivers in setting goals and developing strategies to achieve those goals;
- asking the parent/caregiver how they would like their child to participate in the family and community;
- considering input from the child when goal-setting or implementing services, where possible;
- clarifying and interpreting information from the assessments conducted by IDCP professionals, as well as that from other professions;
- providing a frame of reference that will help parents/caregivers understand age-appropriate behaviour and stages in relevant areas of development;
- supporting parents/caregivers to play an active role in service decisions (e.g., involvement of other service providers) and in case management activities (e.g., case conferences);
- asking parents/caregivers how they want to be engaged in the service process and providing information and involvement based on how the family wants to participate and receive information; and,
- providing opportunities for all family members and others providing information to participate by being flexible in how services are delivered.

When planning goals with parents/caregivers, IDCP professionals should:

- help parents/caregivers identify and articulate their expectations and desires for their child and their own specific parenting needs;

- focus on goals in the context of the ‘F-words’ (fun, family, function, friends, fitness and the future). See page 18 for more information;
- support and build upon parent/caregiver strengths to allow for full partnership in the program; and,
- identify what is feasible to focus on at any given time.

Parents/caregivers are to be a central part of goal setting and, as such, will contribute to their identification and be aware of all goals that are set.

## Service Coordination

In order to reduce burden to families with multiple service providers, agencies in the ICDP will offer service coordination to a family at an early stage as part of service planning. Service coordination is a family-centred process of planning, locating, coordinating and monitoring the services and supports for the child and family to maximize resources and minimize duplication in services.

Service coordination establishes one person as the primary contact for the family, who is responsible for working with the family to identify the other service providers they are engaged with, and initiating/coordinating the family service planning process for the child inclusive of these other providers. A service coordinator may also be responsible for working with other providers to manage and coordinate the family service plan and the delivery of services in ways that best reflect the goals and needs expressed by the family.

If a child with multiple and/or complex special needs and their family/caregiver is receiving Coordinated Service Planning, ICDP professionals may participate in their child’s Coordinated Service Planning team and/or work with the child’s Service Planning Coordinator in order to align their ICDP Family Service Plan with their Coordinated Service Plan. See page 7 for more information about ministry expectations of ICDP professionals for families/caregivers receiving Coordinated Service Planning.

## Developing the Family Service Plan

The ICDP will lead the development of a plan with each family designed to meet the family’s individual needs and circumstances. The plan will establish the services that will lead to the child’s optimal development and participation based on functional, integrated goals and will be based on findings from the assessment(s).

The plan must:

- include specific, measurable goals and outcomes for the child and family;
- clearly identify the roles of the professional and other service providers;
- acknowledge the existence of Family Service Plans with other programs and should seek to build on and complement these plans. Consideration should be given to whether consolidating these multiple plans into a single plan of care for the child and family is appropriate; and,



- be updated every six months, based on re-assessments, to reflect the current goals, the child's progress and modifications to service.

A written Family Service Plan will specify:

- the current date;
- the name and age of the child;
- the names of the parents/caregivers;
- the characteristics that apply to each functional area under consideration, based on the assessments available, including the family, parent/caregiver children interaction, environmental and functional assessments;
- the overall goals, objectives and priorities;
- a general statement of how each goal is to be met;
- the individual responsible for each goal and the individuals participating in the planning process;
- the dates for the accomplishment of each goal and for the review of the Family Service Plan;
- the designated service coordinator, if applicable;
- the comments or revisions made at review time; and,
- the parent/caregiver's signature.

The Family Service Plan will be developed with a team that consists of, at a minimum, the child's parents/caregivers and the ICDP professional. Professionals from other early child development programs may also be included, if they are also working with the child and family. The ICDP professional and the family will identify and prioritize the child/family's goals and will consider the time and resources available when planning the approach to intervention<sup>13</sup>.

The Family Service Plan will specify:

- well-defined strategies that would lead to accomplishing an overall goal;
- the strategies for monitoring progress and evaluating each goal; and,
- the timeframe for achieving each strategy.

In some cases, Family Service Plans might include actions to be taken outside of visits (e.g., making a referral for further assessment, contacting a physician).

Strategies will be identified to accomplish the priority or immediate goals and assign responsibilities and timelines for achieving those goals. Immediate goals should be achieved before the next time the plan is reviewed. Goals not given priority are set aside to be reviewed at a later date. As changes can occur in a child's development and family life, the plan and its goals should be reviewed every six months at a minimum.

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<sup>13</sup> Dunst, C., Trivette, C., & Raab, M. (2013). Caregiver-Mediated Everyday Child Language Learning Practices. *Everyday Child Language Learning Reports*, 2.

For families receiving CSP, the Coordinated Service Plan will supplement the Family Service Plan by presenting a holistic view of the child and their family. The goals and the vision of the Coordinated Service Plan will inform, and be informed by, all planning for services and supports, including the ICDP Family Service Plan. In this way, the Family Service Plan is incorporated into the overall Coordinated Service Plan.

Service delivery and goal planning requires a holistic view of the child's development.

The below "F-words" can be used as a framework to assist ICDP professionals in working with families to identify their goals and strengths for inclusion in service planning and delivery. They are grounded in the World Health Organization's International Classification of Functioning, Disability and Health and as a best practice, can be incorporated in service delivery regarding children with developmental disabilities and their families.\* The "F-words" refer to:

- **Function** refers to what people do - how things are done is not what is important; synonyms include 'role', 'job', 'task', etc. (for children, 'play' is their 'work');
- **Family** represents the "essential environment" for all children;
- **Fitness** refers to staying physically active; including exercise and other recreational opportunities;
- **Fun** includes particular activities children are involved in or enjoy participating in;
- **Friends** refers to the friendships established with peers; social development is an essential aspect of personhood encouraging, empowering and enhancing children's opportunities to develop and nurture meaningful peer connections; and,
- **Future** refers to parents and children's expectations and dreams for their future.

\* Rosenbaum, P., & Gorter, J. W. (2011). The 'F-words' in childhood disability: I swear this is how we should think! *Child: Care, Health and Development*, 38(4). doi:10.1111/j.1365-2214.2011.01338.x

ICDP professionals must share a copy of the Family Service Plan with parents/caregivers each time it is updated or changed. ICDP professionals should encourage parents/caregivers to be involved in documenting progress or other observations relevant to their child's plan.

From the overall goals of the Family Service Plan, parents/caregivers and professionals develop the strategies for achieving the goals. Strategies are precise statements of expected outcomes; they are generally shorter in term and more restricted in scope than are the goals. For example, a goal for the child might be: the child will be able to make choices. A strategy arising for the parent/caregiver from this goal might be: the parent/caregiver will put two shirts out and ask the child to choose one by pointing and ask them to put it on (i.e., supporting their ability to understand direction). Pointing and

giving the child a choice to choose their shirt helps build their confidence and communication skills.

A common goal across families is to improve their child's communication skills. The ICDP approach is to work collaboratively with the parent/caregiver to help incorporate functional communication into a daily routine. For example, if an identified goal is for the child to make choices, the ICDP professional may model facilitated choice making within their day: dressing, snack time, book reading time, etc. It is important for the parent/caregiver to be given the opportunity to practice this in the presence of the ICDP professional allowing for further coaching opportunities with the family.

## Delivering the Service

ICDP services are family-centred and child-focused, meaning that the needs and desires of the child and the family are the primary focus in service delivery. This approach acknowledges the central role that parents/caregivers and/or other family members have in implementing the strategies developed in the Family Service Plan based on the goals.

ICDP services include but are not limited to:

- conducting informal and formal assessments and reassessments in consultation with the family;
- assisting to access specialized funding and information about additional community resources, supports and other professional or alternative services;
- assisting in obtaining information about the child's condition or diagnosis;
- sharing information about child development and educating families on the importance of the early years and early identification;
- developing routines-based interventions based on the goals identified in the Family Service Plan;<sup>14</sup>
- supporting to enhance parenting knowledge and parental confidence;
- promoting positive parent/caregiver-child interactions through attuned and responsive caregiving;
- community-wide planning with other service providers; and,

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14 Jennings, D., Hanline, M., & Woods, J. (2012). Using Routines-Based Interventions in Early Childhood Special Education. *Dimensions of Early Childhood Special Education*, 40(2), 13-23. Retrieved from <https://eric.ed.gov/?id=EJ981802>

- consulting, referring and/or coordinating with other supports and service providers in or outside of the broader children's services sector (e.g., health care, early years, education and other community services).

## Delivery Approach

Throughout ICDP services, the child and the family are at the centre of all activities. Family-centred practice is a way of delivering services that recognizes that each family is unique, that the family is a constant factor in the life of a child. This approach:

- identifies and builds on a family's existing strengths;
- recognizes that the family's informal social support system is a primary resource for meeting the family's needs;
- supports partnerships as opposed to hierarchical relationships;
- identifies family-centred goals through supports and services; and,
- emphasizes and reinforces the parents/caregivers and the family's ability to promote the child's development.

Parents/caregivers play a central role in the early identification of developmental concerns. Parents/caregivers are the greatest observers of their children's development and are best suited to raise concerns with professionals, thereby receiving information and resources that their child may require. For example, studies have shown that:\*

- there were no differences in accuracy on the basis of the parent/caregiver's level of education or parenting/caregiving experience;
- almost all parents/caregivers identify concerns by comparing their children to others children of similar ages;
- educated parents/caregivers, especially fathers, are 21 times as likely to raise concerns spontaneously; and,
- children whose parents/caregivers discussed concerns were 40 times more likely to be enrolled in special education.

Results from a multi-year study, conducted by researchers at the McMaster University/University of Toronto Infant and Child Health (INCH) Lab, have provided further evidence about the importance of engaging parents/caregivers in conversation about their child's development – not only to identify any developmental concern(s), but also to provide the appropriate information to support their child's development and address their concerns.\*\* In working with families, there is a need to develop a service culture that is built on relationships, values the importance of parent/caregiver reporting of developmental concern and strives for capacity building of both parents/caregivers and providers in child development.

\*Glascoe, F.P. (1989). The importance of Parents Concerns About their Child's Development. Archives of Pediatrics & Adolescent Medicine, 143 (8). Doi: 10.1001/archpedi.1989.02150200115029

\*\*Cairney, J., Clark, H.J., & Nair, K. (2016). Parental concerns, developmental temperature taking, and the necessary conditions for developmental surveillance and screening. *Current Developmental Disorders Reports*. 3:174-179 doi:10.1007/s40474-016-0095-5

Recognizing the importance role of parents/caregivers, ICDP professionals will:

- discuss the purpose and objectives of each visit or service with the parents/caregivers;
- provide appropriate opportunities for parents/caregivers to engage in the planning and in the service;
- Provide different modalities of service such as consultation, coaching<sup>15</sup>, modelling; and,
- Use different methods during visits, which vary based on the child and family's unique characteristics, goals and priorities<sup>16</sup>. Multiple approaches may be used with the same family depending on the child and family's characteristics and the developmental progress.

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<sup>15</sup> Rush, D. D. & Shelden, M. L. (2011). *The early childhood coaching handbook*. Baltimore, Brookes Publishing

<sup>16</sup> Korfmacher, J., Green, B., Staerkel, F., Peterson, C., Cook, G., Roggman, L., ... Schiffman, R. (2008). Parent involvement in early childhood home visiting. *Child and Youth Care Forum*, 37(4), 171-196. DOI: 10.1007/s10566-008-9057-3

Learning often happens between the parent/caregiver and child when the ICDP professional is not present; therefore, improving parental capacity is beneficial to child development. The ICDP is flexible to select the appropriate approach for each family based on the parent/caregiver's learning style. Examples of commonly used ICDP delivery methods are outlined in the box below.

**Consultations** are one example of a family-centred approach in which the professional seeks to understand what works well in the context of the child and family, based on their individual characteristics. The professional may use discussions and probing to understand the progress being made on the strategies and goals outlined in the Family Service Plan.

**Coaching** is another service delivery approach, which creates a supportive relationship between the professional (the “coach”) and the parent/caregiver, where learning is evaluated and refined. Coaching allows for greater opportunities to promote learning and development of the parent/caregiver by working alongside the professional to provide services to the child. Coaching is designed to promote a greater sense of confidence in the parent/caregiver.

Professionals may use a **modelling** approach when delivering ICDP services. In modelling, the professional demonstrates (or “models”) the approach to working with a child or achieving a goal while allowing parents/caregivers to observe, with the intention that the parent/caregiver will apply these approaches on their own.

In a typical example of ICDP service delivery, the ICDP professional will visit the child and their parents/caregivers in their own environment, which is often their home. Following an initial discussion, the professional will observe and gather information about the family related to the routines they may follow throughout a typical day, gathering a better understanding of how their environment may impact and/or influence those routines.

The ICDP professional will use a variety of delivery approaches (outlined above) to promote the intentional embedding of strategies into the family's routines and activities (i.e. provide families with concrete ways to practice development skills within the child's day).

A family-centred routines-based intervention approach focuses on parents/caregivers being active participants during the home visits. The ICDP professional should take into consideration how the family organizes and structures their child's daily routines (e.g. sleeping routine, bath time, playtime). The ICDP professional may coach the parent/caregiver to help the child transition from one activity (e.g. playtime with a sibling) to another activity (e.g. lunchtime) by providing warning times, follow-throughs and helping the child stay regulated.

During the home visit, the ICDP professional should observe the parent/caregiver in multiple routines to determine the current strategies and use joint problem solving to identify what will work best for the family. The professional may ask the parent/caregiver questions such as, “What would you like your child to participate in during daily routines?”, “Are there times of the day that are better than others? Why?”, or, “Are there specific routines you would like to improve?” The professional can observe the family undertaking their routines throughout the visit to better understand where challenges may lie and provide coaching, consultation or modelling where appropriate. Asking such questions allows the ICDP professional to better understand the child and family and choose the right delivery method based on the unique needs of that family.

Each family will require the ICDP professional to use customized approaches based on the child and family’s characteristics, needs and environment.

Consultation, coaching and modeling will likely be used with all families during home visits based on parent request and situation.

## Location

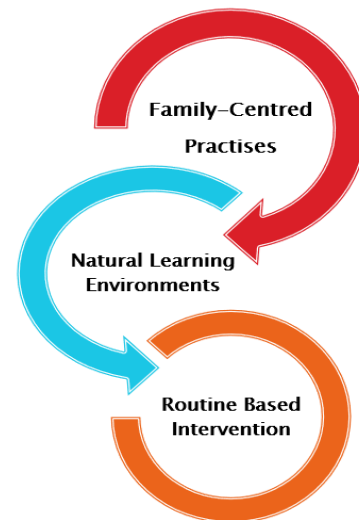
ICDP professionals can provide services in a variety of settings, including in the home. As the primary location of service delivery, home-based services allows ICDP professionals the opportunity to work in the child’s natural environment, observe daily routines and develop the atmosphere of trust and understanding that is an integral part of any family-oriented program<sup>17</sup> The home-based intervention model is one element that makes the ICDP unique among other early years’ programs and services.

Home-based intervention also includes providing services in community settings where the family is participating (i.e., park, community groups, grocery store).

Agencies should work closely with the family to understand their needs and to adapt the service delivery location to be most suitable and achieve the greatest impact for the family.

The ICDP professional should continue to monitor child development over time and adapt the service delivery location as required. For example, as children age, the location may change from the home to other community settings, as appropriate, depending on the child’s characteristics and the interests of the child and family.

It is important that the three components of the delivery model are integrated within home visits



<sup>17</sup> Zero to Three. (n.d.). *The Research Case for Home Visiting*. Retrieved from <https://www.zerotothree.org/resources/144-the-research-case-for-home-visiting>

## Frequency of Contact

The frequency of contact between the ICDP professional and the child/family will vary based on an analysis of a number of factors, which may include:

- the child and family's characteristics;
- the child's developmental progress, achievement of established goals and developmental milestones;
- the child's access to other supports; and,
- the family's ongoing strengths and needs, and amount of support available.

The ICDP professional should discuss the proposed frequency of contact with families and how it may change over time. For example, based on the assessment, the ICDP professional may begin by visiting the family on a more frequent basis and alter the frequency of contact after a reassessment takes place. At that point the Family Service Plan should be revised to reflect the child's developmental progress.

## Team Approach

ICDP professionals may use a number of different team approaches based on what is best for the family, with the ultimate goal of providing collaborative, seamless and family-centred services.

The "Team Around the Child" approach is a collaborative approach for those working with the child. This approach facilitates collaboration and limits fragmentation that often occurs when there are multiple individuals working with the child and family\*. The Team Around the Child approach allows key practitioners to work together to achieve collective goals with a child and family.

For example, if there are several professionals from different service providers involved with a child and family, and there is an issue with feeding, they should have frequent touchpoints to discuss their progress. These touchpoints should include all professionals, as well as the child and parent/caregiver, where everyone is able to contribute fully to the discussion by using their own expertise and knowledge of the child. The outcome of the meeting related to feeding may include detailed strategies for mealtimes including location of food, positioning the child, choice of utensils, food details and use of signals and prompts\*\*.

\*Limbrick, P. (2007). Team Around the Child (TAC): The small collaborative team in early childhood intervention for children and families who require ongoing multiple interventions. In *Family-centred Support for Children with Disabilities and Special Needs: A Collection of Essays*. Interconnections.

\*\**Ibid*

ICDP professionals may use a multi-disciplinary team approach, where professionals with various backgrounds applicable to early child development (e.g., occupational therapists, physical therapists, speech and language pathologists, early childhood



education specialists) work together as a team to provide different aspects of services for the child and family. This approach draws on the subject matter expertise of the individuals of the team to meet the goals of the child and family.

## Service Delivery Practices

Understanding parenting norms in different cultures is critical for professionals working with families from diverse cultural backgrounds.

As examples of supporting service delivery that is culturally sensitive, agencies may consider:

- Using volunteer or student visitors and/or interpreters with the same cultural background as the family;
- Developing strategies to support cultural competency amongst existing staff; and,
- Aligning staffing to reflect the population served.

There may be instances where services cannot be provided immediately due to the demand for services and the capacity of agencies. Each agency must develop and implement individual protocols to consistently manage prioritization and waitlists.

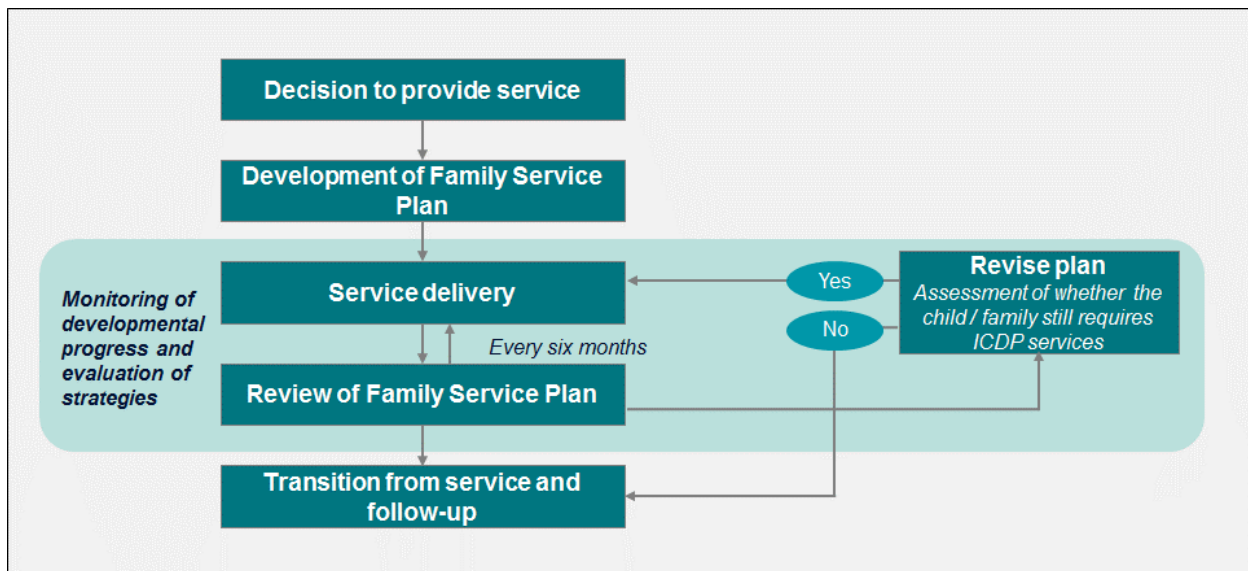
Examples of protocols may include maintaining the date of referral when a family is on a waitlist and moves from one region to another, or creating standard prioritization criteria for assessment based on age, pregnancy/birth history, functional need, medical diagnosis (if any) and other general concerns.

## Reviewing and Revising the Plan as Needed

Each Family Service Plan must be reviewed at least every six months, and more frequently if required. The purpose of the review is to:

- evaluate the attainment of goals or appropriateness of the initial Family Service Plan; and,
- identify any new or changing needs due to changes in the family situation, the child's development and/or parent/caregiver-child priorities.

The process of accepting a family into the program, developing a plan and then reviewing the plan can be illustrated graphically as follows:



A review of the Family Service Plan will take place with the family through a meeting (in-person or through teleconferencing or videoconferencing) to exchange information. When reviewing a Family Service Plan, the ICDP professional will consider and discuss with the family:

- the goals and objectives accomplished;
- the child's progress, from the perspective of the parent/caregiver and any other professional who may be involved with the child;
- any new information and relevant characteristics (i.e., individual, developmental or family changes);
- identification and prioritization of any new goals and objectives or desired changes in service delivery;
- a reassessment of the child's characteristics;
- success in supporting the family to achieve and maintain a quality of life consistent with its culture, values, priorities, strengths and preferences;
- review of services involved;
- changes to the plan; and,
- plans to support a transition from or out of service.

During the review, the ICDP professional will provide an update on the child's progress, as well as update information on other service providers involved with the child/family (particularly if the family requires assistance with service coordination). In some cases, the professional may inform providers from other early child development programs about any changes or revisions in the plan and next steps.

ICDP professionals may also discuss reasons for continuing/discontinuing or transitioning service. For children/families who are ready to transition out of the ICDP, the visit to review the plan also provides a natural opportunity to discuss future plans and make appropriate referral arrangements, as needed.

## Supporting Transition

ICDP agencies must develop policies and procedures for transitioning children from service. Transition from service refers to when the child is meeting developmental milestones and is no longer in need of ICDP services and/or no longer meets the eligibility criteria of the program.

Policies and procedures should include:

- a final assessment of the child's development;
- documentation of goals and objectives accomplished;
- written summaries to parents/caregivers;
- documentation, in consultation with parents, of continuing service needs of the child and family;
- engagement of parents in decisions regarding future services;
- referral to appropriate professionals or service providers as required;
- notification of other service providers working with the family as required; and,
- documentation of the transition process and follow-up contacts.

The decision to transition a child from service should be based on specific criteria, such as: the child/family have achieved the service plan goals, the child/family's needs can be met more appropriately by another professional or service provider, the child no longer meets the eligibility criteria for the program or the family chooses to end the service. The ICDP professional should also consider different factors for family readiness including the child's ability to meet and achieve developmental milestones, the family's ability to read their child's cues and the amount of support and information and/or resources being requested by the family.

When preparing to transition a child from service to school and/or an alternate service provider, the ICDP will prepare a supported transition plan that may include:

- the reason for transition;
- date of transition;
- dates of referral to and involvement with other service providers;
- dates that other service providers who were previously involved with the family are notified about the child's transition; and,
- next steps.

The ICDP professional should strive to support greater family independence over time during visits, in preparation to facilitate a supported transition when appropriate.

For some children and families, the transition may mark the end of a relatively long-standing and significant relationship with the ICDP professional. To help families make the transition out of service, the ICDP will develop a transition plan well in advance and should focus on providing a warm transfer to another provider, if appropriate.

Agencies should also consider developing specific guidelines or protocols with other service providers, such as licensed child care or with school-aged services. In some

cases, these protocols may include consultation to child care or school staff to help the child integrate into a community or school-based setting. The nature and scope of the consultation services should be planned before the child makes the transition to the new service and the appropriate information sharing activities should be undertaken (e.g., sharing of the Family Service Plan).

## **Transitioning to School**

The transition into school will be critical for many children and their families and can be a complex process. If applicable, the professional will support the transition of the child into the formal education system, such as attending school transition meetings, and/or providing documentation to the school transition team (i.e., provide information about the child's functional abilities, goal achievement). The ICDP professional will collaborate with other providers serving the family during the transition process, if appropriate.

The ICDP Family Service Plan should be incorporated into a "transition to school" plan that includes the child's developmental progress and their current level of functioning for the purpose of providing the school with written information regarding the child's characteristics. Should the child be receiving services from multiple programs, service providers should coordinate to provide the school with only one plan that incorporates all relevant content from all existing and up-to-date plans and goals. Documentation should include information about potential requirements or modifications required to facilitate the child's participation in school.

Refer to the Education Act, R.S.O 1990 for more information on the responsibility of schools in the transition process.

# **IV. Governance and Program Roles & Responsibilities**

The Ontario Ministry of Children, Community and Social Services (MCCSS) provides funding and oversight of the ICDP. The program is delivered in partnership with municipalities, Children's Treatment Centres, hospitals and other community-based service providers.

## **The Ministry of Children, Community and Social Services**

The ministry's corporate policy division provides provincial oversight of the ICDP and is responsible for policy development, program design and administration. Key responsibilities are to:

- Provide leadership, expertise and coordination to support the policy development, design and implementation of the ICDP;

- develop (in consultation with agencies) program guidelines that include identification of program services, best practices, outcomes, etc.;
- allocate program funding across the province; and,
- support information sharing across ICDP agencies.

Five Regional Offices represent the ministry in local communities. Responsibilities of the Program Supervisors in each of the Regional Offices is to:

- develop and manage the service agreements with each of the agencies delivering the ICDP;
- establish annual service targets for the program;
- review and approve the annual budget submissions;
- monitor quarterly reports of expenditures and service targets;
- implement transfer payment risk management tools to address and mitigate risks through plans with agencies; and,
- respond to family concerns regarding service experience, as required.

## Infant and Child Development Agencies

ICDP agencies are the local managers and coordinators for the ICDP across the province. The key responsibilities of these agencies are to:

- monitor the delivery of the ICDP according to the program guidelines;
- comply with the financial, administrative and program requirements of the service contract with the ministry;
- manage the funds provided by the provincial government;
- hire, train and supervise ICDP professionals; and,
- develop effective working relationships and referral protocols with other professionals and service providers in the local community.

## ICDP Professionals

Professionally trained individuals from a variety of disciplines will provide ICDP services. ICDP professionals are recommended to have a minimum of a bachelor's degree, preferably in early childhood education, psychology, child studies, family systems and child development, health care and/or special education. ICDP professionals without a four-year bachelor's degree should have the equivalent in experience. Agencies should hire professionals with the relevant backgrounds to meet their specific needs.

Ongoing professional development is critical to providing quality services and should be offered to professionals once hired by the ICDP. ICDP professionals should participate in cross-disciplinary training based on best practice.

ICDP professionals should also have knowledge of the community where they are working, other services available to the family (i.e., the broader children's services sector) and the ways in which social, linguistic, cultural, racial and ability differences are valued parts of our diverse society.

As a best practice, agencies are encouraged to use participatory management, reflective practice, observations, evaluations, file audits, peer review and team problem solving to promote effective service delivery and individual professional competency.

# Glossary

**Agencies (or Agency):** Refers to the agencies across Ontario that house and receive funding for the ICDP and are responsible for the delivery of ICDP services. The ICDP may be hosted in agencies such as municipalities, public health units, hospitals, multiservice agencies (including children's aid societies), Children's Treatment Centres and other community-based agencies.

**Assessment:** The process of getting to know the child and family through formal or informal authentic assessments or observations. Authentic assessments are assessments which occur within the child's everyday routines and environments to gather a full view of the child's characteristics. Assessments allow the ICDP to better understand child and family characteristics in order to create a tailored Family Service Plan and provide services that align with the unique characteristics of each child and family.

**Broader Children's Services Sector:** The range of service providers, including the ICDP, that support early child development in Ontario. The sector supports children in improving lifelong health, well-being and learning for all children by providing specialized services to give children the best possible start in life.

**Caregiver:** The term used to describe the adults who may be involved with the infant or child, but do not have guardianship rights.

**Characteristics:** Refers to the attributes that are unique to each child and family (i.e., strengths and needs). Looking at these characteristics enables professionals to understand the child's level of development, the family concerns, resources and priorities and the child and family's routines to determine the most beneficial service delivery model.

**Concern:** The situation in which the child and family may not have a diagnosed medical condition, but there is concern, either by a family member or a professional, of a child's developmental delay in motor, social-emotional, language, or cognitive skills, the child's functional abilities or other areas of concern.

**Coordinated Service Plan:** A plan that incorporates all of the children's services, goals and outcomes into a single, documented plan. This is a service for children with multiple and/or complex needs, and their families.

**Family-Centred:** An evidenced-based approach to planning and delivering services and supports that promotes collaborative partnerships between professionals, families and their children. Family-centred service recognizes that each child and family is unique; that the family is the constant in the child's life; and that the family has expertise in their child's abilities, interests and needs. All decisions about supports, services and the coordination of services are made in partnership with the family and their priorities are at the centre of those conversations.

**F-Words:** Developed by CanChild at McMaster University, the F-words of child development include function, family, fitness, fun, friends and future. They are grounded in the World Health Organization's International Classification of Function, Disability and Health. The F-words can be used as a framework to assist ICDP professionals in working with families to identify their goals and strengths for inclusion in service planning and deliver.

**Family Service Plan:** A living document developed with the ICDP professional in partnership with the family, reflecting the priorities of a family, the child's developmental stage, the progress being made towards goals and objectives and transition planning. The plan captures all services provided by the ICDP, and in some cases, support provided by other professionals that may be working with the child and family. The Family Service Plan is updated with the family at a minimum of every six months to ensure information is up-to-date and services are being provided in-line with updated information and assessments.

**ICDP professional:** The front-line staff working with children and families to provide service in the ICDP.

**Parent:** The term used to describe the adults who retain legal guardianship for the infant or child.

**Routine-based Intervention:** ICDP services focus on supporting the family to broaden their children's opportunities for active exploration and learning in their daily living activities. ICDP professionals focus on embedding child/caregiver interaction strategies within those daily activities and routines through a family-focused approach.

**Service Coordination:** Service coordination is a family-centred process of planning, locating, coordinating and monitoring the services and supports for the child and family to maximize resources and minimize duplication in services. Service coordination establishes one person as the primary contact for the family, who is responsible for working with the family to identify the other service providers they are engaged with, and coordinating the family service planning process across these providers.

**Service Provider:** The other organizations that may be working with the child and family to deliver a range of programs and services within the broader children's services sector that support a child's development across a number of sectors including children's, community, health, education, etc. and who also have a strong interest in the well-being of children and their families.

**Team Around the Child:** An approach for children and families who may need extra assistance from professionals in order to support development. The Team Around the Child is a small group of people, including the child, family members and professionals, who work together collaboratively to support the child and family (e.g., coordinating services, collaborating on the child's development and learning programs). The approach allows key practitioners to work together to achieve collective goals with a child and the family.



**Supported Transition:** When the child is meeting developmental milestones and is no longer in need of ICDP services and/or no longer meets the eligibility criteria of the program, the ICDP professional should support the family in making a transition. This may include making referrals to appropriate resources or transferring documentation to another service provider where required. The focus should be on ensuring that the family is supported through their transition of no longer receiving ICDP services.

**Transition Plan:** A plan developed with the ICDP in partnership with the family for the child and family as they transition from ICDP services to another service provider. Based on an ICDP Family Service Plan, it should include the reasons for the expected transition and the next steps in the transition process. The transition plan should be developed well in advance of the transition date.

**Warm Transfer:** A transition process in which one service provider does not end service until the next provider begins service so that there are no gaps in service delivery. A warm transfer will be such that service providers involved in the service transition will share information directly with one another and develop joint plans to review service plans, goals and progress as the child moves between these services.

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