Policy Advisory
The Law Governing Family-Professional Partnerships

Both the Head Start Program Performance Standards and the Individuals with Disabilities Education Act (IDEA) have significant emphasis on families being equal partners with professionals in making educational decisions about their children. The Head Start Program Performance Standards have been designed to provide Head Start programs with expectations, guidance and support related to the quality of services they provide. IDEA is the federal law that governs the education of children with disabilities, including developmental delays. Part C of IDEA authorizes the federal government and state governments to act on behalf of infants and toddlers (birth to three) (20 U.S.C. Part C). Part B authorizes them to act on behalf of young children (three to six) with disabilities (20 U.S.C. Part B).

Considerations for compliance with family-professional partnership policies

Family-professional partnerships are central components of the Head Start Program Performance Standards and IDEA. The policies make it clear that professionals must engage in joint decision-making with families in the delivery of services. To ensure the partnership is strong and effective, it is important to do the following:

1. Individualize interactions and approaches to address each family's unique needs, priorities, and concerns.
2. Actively engage families in planning and decision-making regarding priorities, services, and concerns.

What policies on family-professional partnerships exist for those within Early Head Start and Head Start?

The Head Start Program Performance Standards emphasize the need for programs receiving Head Start and Early Head Start funds to collaborate with families. These standards include requirements for collaborative partnerships when addressing goals, services, health and developmental concerns, and children's educational experiences.

Head Start program procedure requirements

Family Partnerships

Section 1304.40 of the Head Start Program Performance Standards is most explicit in outlining the importance of family-professional collaboration.

Head Start and Early Head Start programs must:
- have a process of collaborative partnership-building to establish trust with families and to collaboratively identify goals, services, and supports for their children.
- provide parents the opportunity to construct individualized parent partnership agreements that address family goals and responsibilities regarding their involvement with the Head Start program.
- have opportunities for parents to participate and interact with professionals and children throughout the year.
- collaborate with families to identify and access resources.
- provide parent involvement and educational activities to address their needs individually and as a group.
- allow parents to be a part of the program as employees or volunteers.
- provide opportunities for parents to work together and with other professionals on activities of interest.

Health and Developmental Services

Programs receiving Head Start and Early Head Start funds are responsible for collaborating with parents when addressing health and developmental concerns, specifically with screening and assessment of children enrolled. Programs must encourage parents to be active participants in their children’s health care. Not only is it necessary to include the family’s perspective in identifying needs, but programs also need to have a system in place for a follow-up plan with families that is “shared with and understood by parents” (45 C.F.R 1304.20).

Education

Programs must collaborate with families and involve them in curriculum development and related activities for their children’s education and development. For example, programs can provide parents opportunities to increase their observation and assessment skills and use these skills to share information with staff for planning learning experiences for children (45 C.F.R. 1304.21 (a)(2)(i) and (ii)).

For children with identified disabilities, what does IDEA require with respect to family-professional partnerships?

In many ways, Parts B and C have strong similarities when it comes to family-professional partnerships, but there are also some differences. The chart below highlights similarities and differences related to the role of families in educational decision-making.

<table>
<thead>
<tr>
<th></th>
<th>Early Intervention Program – Part C (ages birth-3)</th>
<th>Special Education Program – Part B (ages 3-21)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purposes</td>
<td>Statute includes families in terms of stating that one purpose of early intervention is to enhance the capacity of families to meet the special needs of their infants and toddlers with disabilities</td>
<td>Statute does not specifically address families in purpose statements</td>
</tr>
<tr>
<td>Unit of Focus</td>
<td>The term <em>family</em> is used throughout the statute and regulations, indicating that all family members are part of the unit of attention</td>
<td>The term <em>parent</em> is used throughout the statute and regulations, indicating the focus on parents as distinguished from other family members</td>
</tr>
<tr>
<td>Individualized Plans</td>
<td>[Individualized Family Service Plan (IFSP)]</td>
<td>[Individualized Education Program (IEP)]</td>
</tr>
</tbody>
</table>
| Early Intervention Program – Part C  
(ages birth-3) | Special Education Program – Part B 
(ages 3-21) |
<table>
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<tr>
<td>• Parents are members of multidisciplinary team</td>
<td>• Same</td>
</tr>
<tr>
<td>• Family-directed assessment of resources, priorities, and concerns and identification of supports and services necessary to enhance the family’s capacity to meet the developmental needs of the infant or toddler</td>
<td>• No requirement for a family-directed assessment, or for the identification of supports and services for the family</td>
</tr>
<tr>
<td>• A statement of the family’s resources, priorities, and concerns relating to enhancing the development of their infant or toddler</td>
<td>• No requirement of a statement of the family’s resources, priorities, and concerns relating to enhancing the development of their child</td>
</tr>
<tr>
<td>• IFSP content must be explained to parents, and informed written consent must be obtained from parents</td>
<td>• Same</td>
</tr>
<tr>
<td>• IFSP meetings should be conducted in the mode of communication (language) that the family uses</td>
<td>• Same</td>
</tr>
</tbody>
</table>

**Costs for Services**

States may charge for some services (e.g., on a sliding scale), but must ensure no one is denied services because of inability to pay. May also bill public insurance or family’s private insurance under a state system of payment.  

All services must be provided for free.

**Procedural Safeguards**

- • Timely administrative resolution of parental complaints  
  • Same
- • Right to confidentiality of personally identifiable information  
  • Same
- • The right to determine whether the family and their child will accept or decline any services  
  • Same
- • Opportunity to examine records related to assessment, screening, eligibility determinations, and the IFSP  
  • Same
<table>
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<tr>
<td></td>
<td>● Protections for the rights of children whose parents cannot be located or who are wards of the state by having a person with no conflict of interest with state employment to act as a surrogate for the parents</td>
<td>● Same</td>
</tr>
<tr>
<td></td>
<td>● Prior written notice to the parents whenever the agency proposes to initiate or change, or refuses to initiate or change, the identification, evaluation, or placement of the infant or toddler or the provision of appropriate early intervention services</td>
<td>● Same</td>
</tr>
<tr>
<td></td>
<td>● Assurance that the notice will be written in the parents’ native language (defined as “language normally used”), unless it clearly is not feasible to do so</td>
<td>● Same</td>
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<tr>
<td></td>
<td>● The right of parents to use mediation to resolve conflicts</td>
<td>● Same</td>
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<tr>
<td>Family Violence</td>
<td>Children who experience substantiated trauma due to exposure to family violence will be referred for evaluation for early intervention services</td>
<td>● Not required</td>
</tr>
</tbody>
</table>
| Services (There are 17 total services. These 4 are related to families.) | ● Family training, counseling, and home visits by qualified personnel (including family therapists) to assist the child’s family to understand the child’s special needs and to enhance the child’s development | ● Counseling services provided by qualified personnel  
      ● Parent counseling and training to assist parents in understanding their child’s special needs, to provide child development information, and to help parents acquire skills to support the implementation of their child’s IEP |
|                                      | ● Service coordination which includes assistance and services to the child and family                               | ● Service coordination not required           |
|                                      | ● Social work services including home visits to evaluate living conditions and patterns of parent-child interaction, administration of social or emotional developmental | ● Social work services including preparing a social or developmental history on a child, group and individual counseling with child and family, and working with problems |
### Early Intervention Program – Part C (ages birth-3)

- Assessments of the child within the family context, providing individual and family-group counseling and skill-building with parents and other family members and appropriate social skill-building activities with child and parents, working with problems in the child’s and family’s living situation that impact early intervention service utilization, and navigating community resources and services to enable the child and family to receive maximum benefit from early intervention services.

### Special Education Program – Part B (ages 3-21)

- In the child’s home, school, and community that impact the child’s school adjustment.

- **Special instruction includes** providing families with information, skills, and support related to enhancing the child’s skill development.

- **Service Coordination Services**
  - Provides for a single point of contact for families in gaining access to, coordinating, and monitoring services across agencies.
  - No requirement for families to receive service coordination.

- **Transition Planning Conferences**
  - Families are required members of transition planning conferences for transitions from Part C to Part B programs.
  - Families are required members of transition planning conferences for transitions from school to adulthood.

In reviewing the Parts C and B requirements, it is obvious that IDEA focused on what practitioners must do in order to engage in joint decision-making with families. Partnership-oriented practices focus on how practitioners might develop a trusting partnership with families as they share information and provide the services and supports that are legally required.
References

Individuals with Disabilities Education Act of 2004 (IDEA), Pub. L. No. 108-446. For complete source of information, go to http://idea.ed.gov/


Head Start Program Performance Standards and Other Regulations. 2006. English. 45 CFR 1301-1311 For complete source of information, go to http://eclkc.ohs.acf.hhs.gov/hslc

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