

Technical Support to implement reforms to support the development of family centred early childhood intervention services in Greece - ECI Greece

Grant Agreement n° 101048313

Family Centred ECI Training Package for Staff of ECI Services

## PPT 6: Early Childhood Intervention Country models



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# Chapter 1

## Early Childhood Intervention

### Country models

# Questions for reflection

- Why does each country need to have an effective ECI system and services?
- What kind of ECI services do you need at this stage?
- What are the children's and families' urgent needs?



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How long has ECI been implemented	State agencies in charge and funding	Standard policies and practice	Theoretical and conceptual framework	ECI Professionals and training requirements
<p><b>US, Oregon</b></p> <p>The late 1960s, early 1970s</p>	<p><b>Service delivery:</b> Children 0 – 3 served by the Department of Education or The Department of Health or the Department of Human Services depending on State decision</p> <p>3 to 5 years of age are served through the Department of Education in all states.</p> <p><b>Funding:</b> Federal funds are provided for all states (20-25% of the total costs). The rest is funded by state public funds and public and private insurance reimbursements.</p>	<p>The federal law called the IDEA (The Individuals with Disabilities Education ACT) which made special education</p> <p>Federal laws and regulations and state laws and rules establish general standards that are consistent across all states. In addition, national professional organizations set more detailed quality standards</p>	<p>Research evidence from many different disciplines supports early intervention and various methodologies.</p>	<p>Early interventionists            Early Childhood Special Educators            Speech and language pathologists            Occupational therapist            Physical therapists            Autism specialists            ECI and Early Childhood Special Educators typically have one license, educator preparation. Each of the other professions has national and state licensing requirements for their profession.</p>
<p><b>Portugal</b></p> <p>Initially 1980-90</p> <p>2008 Special Needs Education Act created a National System for ECI</p>	<p><b>Service delivery:</b> ECI professionals belong to Health, Social Security, and Education sectors.</p> <p><b>Funding:</b> by Structural Funds in accordance with national and Community legislation applicable, in particular, the European Social Fund</p> <p>Free of charge</p>	<p><b>Guidelines for ECI have a national range. ECI is based on an inter-sector relationship. Each sector has its own competencies (health, social, education) and is defined in ECI law.</b></p>	<p><b>Individualized, comprehensive, family-centered services.</b></p> <p><b>Parental involvement in the intervention process is an essential feature for the success of ECI service in Portugal</b></p>	<p>Early Childhood Intervention involves professionals such as Medical doctors; Nurses; Therapists; Social workers; Psychologists; Child carers, preschool teachers, specialized ECI Teachers.</p> <p>In-service training is required for ECI specialists, provided by recognized professional organizations</p>

How long has ECI been implemented	State agencies in charge and funding	Standard policies and practice	Theoretical and conceptual framework	ECI Professionals and training requirements
<p>Spain, Catalonia: Since 1970s child-focused, clinical model</p> <p>2000- family-focused, the transformation process has been started</p>	<p><b>Service delivery:</b> by different government departments and different levels of government whose coordination is essential.</p> <p><b>Funding:</b> The government of each Autonomous Community - Social Welfare</p>	<p>The Department of Social Welfare is responsible for planning, although there are a few differences across autonomous communities exist</p>	<p>Adopting the social and ecological perspectives of human development and systems theory recognizes the central role of families.</p> <p>Community-based interventions - families are typically treated in the ECI service facilities and only rarely will the professional visit the patient home.</p> <p><b>Interdisciplinary approach</b></p>	<p>Provided mostly by psychologists but may also include speech therapists, physical therapists, neurologists, social workers, and teachers.</p> <p>Training requirements: major in psychology, speech therapy, etc., and on-job training.</p> <p>Several universities in Spain offer a master's in ECI but it is not a requirement although it is considered a plus when applying for a job</p>
<p>Austria Since 1980,</p> <p>Federal government, 9 autonomous provinces</p>	<p><b>Service delivery:</b> The ECI public service is made available by the National System and is free of charge for families. ECI services are decentralized</p> <p><b>Funding:</b> education services are supported by local social authorities</p> <p>Clinical services (speech; physio) are private or hospital-based, financed by health insurance</p>	<p>Partly - due to the federal status</p>	<p>Influenced by Bronfenbrenner ecologic theory &amp; psychoanalytic theory</p> <p><b>Communications model -</b></p> <p>The communicational model is based on a partnership model of early intervention that emphasizes the importance of shared and defined responsibility between parents and professionals</p> <p><b>Interdisciplinary approach</b></p>	<p>Requires basic professional training (e.g. psychologist, special educator, nurse...)</p> <p>ECI Specialists have special training provided by local organizations. (special pedagogical services)</p>

How long has ECI been implemented	State agencies in charge and funding	Standard policies and practice	Theoretical and conceptual framework	ECI Professionals and training requirements
<p><b>Georgia</b></p> <p><b>Initially 2009 – only one organization</b></p> <p><b>Nationwide since 2012</b></p>	<p><b>Service delivery:</b> NGO’s registered at State Social Agency</p> <p><b>Funding:</b> Ministry of Labor, health, and Social Welfare through State Social Agency</p> <p>Service is free of charge for families. The annual budget is adjusted to the demand (number of eligible children, service providers' caseload capacity)</p> <p>Way of Funding – the family gets a voucher for the service and get 8 visits per month in the natural environment Child and family choose the ECI service provider organization and is able to change the service provider in case of need</p>	<p>ECI state subprogram is part of the state “Social Rehabilitation and Child Care” program, developed by MoLHSA and approved by the Parliament</p> <p>State service standards developed by MoLHSA with the collaboration of the ECI coalition (NGO)</p>	<p>Bronfenbrenner ecologic theory, Biopsychosocial approach</p> <p>Child oriented and Family Focused</p> <p>Implemented in Natural environment – Birth to 30 months, child – parents group sessions at ECI centers from 30 months – 7 years home/kindergarten/school. group sessions with children at ECI centers</p> <p><b>Transdisciplinary approach</b></p>	<p>ECI specialist – professionals (Psychologists, OTs, physical therapists, speech and language specialists, pediatricians, Social workers) and Paraprofessionals (at least Bachelor’s diploma in any discipline)</p> <p>Diploma + ECI pre-service training certificate + on the job training</p> <p>ECI professionals could become supervisors and provide professional supervision to other ECI professionals and paraprofessionals</p> <p>ECI supervisors have to get special certification</p>

# ECI in services at the system level – country examples

## Summary:

**Initial implementation of ECI services** started between 1960 – 1990, medical model;

**The shift of ECI service paradigm** - from the 2000s, was preceded by changes in legislation related to the protection of human, children's right

**Theoretical framework:** Ecological and Systems theory\*

**Aim of ECI services:** Improve the development of all children with special needs (biological, social, psychological) at an early stage (before 3 years) and their environment (family, educational, social)

**The role of Government and State agencies:** policy development at the federal and state/municipal level, service coordination

**Funding:** ECI is free of charge for families is funded by the government sector or insurance

**Professionals and training Requirements:** representatives of different disciplines from education, special education, social sciences, medicine; Training requirements: Bachelor degree, ECI certification



# Service Delivery Models

## Capacity Building Paradigm

### Promotion Models

**Focus on enhancement and optimization of competence and positive functioning**

### Empowerment Models

**Create opportunities for people to exercise existing capabilities as well as develop new competencies**

### Strengths-Based Models

**Recognize the assets and talents of people, and help people use these competencies to strengthen functioning**

### Resource-Based Models

**Define practices in terms of a broad range of community opportunities and experiences**

### Family-Centered Models

**View professionals as agents of families and responsive to family desires and concerns**

## Traditional Paradigm

### Treatment Models

Focus on remediation of a disorder, problem, or disease, or its consequences

### Expertise Models

Depend on professional expertise to solve problems for people

### Deficit-Based Models

Focus on correcting peoples' weaknesses or problems

### Service-Based Models

Define practices primarily in terms of professional services

### Professionally-Centered Models

View professionals as experts who determine the needs of people from their own as opposed to other people's

# Recommended Practices in Early Childhood intervention

- ✓ **Routine-Based family-centered intervention**
  - *Establish a relationship of affection and attachment with the child that can't be replaced by anyone else. Elimination of risk factors due to poor parenting skills or other family risk factors*
  - *Child learning and development is an ongoing process that can take place in any daily situation in which the child is actively involved*
  - *Even having limited time to be with the child, parents have much more opportunities to interact and promote the development of children than any other adult or professional will ever have*
- ✓ **Intervention in a natural learning context**
  - *support children's development through everyday routine, at home, kindergarten, school or anywhere child spends his/her time*
  - *Support people around the child to support a child's development through everyday activities and use naturally emerged situations as learning opportunities*
- ✓ **Teamwork preferably transdisciplinary, See below**
- ✓ **Coordination and integration of services and resources at state and service level**

# Models of Team Interaction

	<b>Multidisciplinary</b>	<b>Interdisciplinary</b>	<b>Transdisciplinary</b>
<b>Assessment</b>	Team members conduct separate assessments.	<b>Team members conduct separate assessments.</b>	<b>Team members and family conduct the joint assessment.</b>
<b>Parent Participation</b>	Parents meet with team members individually.	<b>Parents meet with the entire team or a representative of the team.</b>	<b>Parents are full, active members of the team.</b>
<b>Service Plan Development</b>	Team members develop separate, discipline-specific plans.	<b>Team members develop separate, discipline-specific plans but share them with each other.</b>	<b>Team members and families develop joint plans based on family concerns, priorities, and resources.</b>
<b>Service Plan Responsibility</b>	Team members are responsible for their discipline-specific plan.	<b>Team members share information with each other about their part of the plan.</b>	<b>Team members are jointly responsible and accountable for how the primary service provider implements the plan.</b>
<b>Service Plan Implementation</b>	Team members implement their discipline-specific plans.	<b>Team members implement their portion of the plan and incorporate other sections where possible.</b>	<b>A primary service provider implements the plan with the family.</b>
<b>Lines of Communication</b>	Informal	<b>Occasional case-specific staffing.</b>	<b>Regular team meetings to exchange information, knowledge, and skills among team members.</b>
<b>Guiding Philosophy</b>	Team members recognize importance of information from other disciplines.	<b>Team members are willing to share and be responsible for providing services as part of the comprehensive service plan.</b>	<b>Team members commit to teach, learn, and work across traditional discipline lines to implement a joint service plan.</b>
<b>Staff Development</b>	Independent and discipline-specific.	<b>Independent within and outside of own discipline.</b>	<b>A critical component of team meetings for learning across discipline boundaries and for team building.</b>

# Early Intervention team – service provision

## Transdisciplinary Approach – cost effective

- An early Interventionist is the primary service provider and case manager
- Team of specialists is supporting the ECI specialists with specific knowledge and experience
- Transdisciplinary Team is meeting on

**Example: 3-year-old boy with** developmental delay in cognitive, motor, communication spheres. ECI service composition: Key service provider is ECI Specialist who visits the child in the natural environment (home, kindergarten) twice a week. **The home visits:** ECIS supports the family to learn and practice new parenting and child development skills in the home setting to stimulate the holistic development of a child. Works together with family to identify daily routines when child development activities could be performed. Goals and activities identified by the family are based on a comprehensive evaluation of family and child resources and needs, daily routine, and activities. **Visits in kindergarten** EI interventionists share assessment results and family goals with a teacher, they plan together how the same goals could be integrated into group activities.

**The role of the T Team:** occupational therapists and speech and language therapists are enriching the knowledge and skills of ECI specialists in gross motor and language development. Support to make adaptations in kindergarten environment and activities. Other discipline representatives (psychologists) could be invited if needed.

## Interdisciplinary Approach

- Different specialists are providing services
- Team members develop separate, discipline-specific plans but share them with each other
- Team is meeting on regular bases
- One of the team members is Case Manager

**Example: 3-year-old boy with** developmental delay in cognitive, motor, communication spheres. Service is delivered by a psychologist – who works on cognitive development ECI specialist/occupational therapist-adaptations and adaptive skills at home or/and kindergarten  
Speech and Language therapist - alternative communication and/or speech development

# Benefits of Transdisciplinary Team:

## **Collaborative Approach**

Transdisciplinary team members, including parents:

- work together to develop an intervention plan
- work on common goals
- team members meet systematically and professionals share expertise with each other
- team members support Primary Service Provider
- professionals are available to the family as needed

## **Reinforces natural way of learning**

- Interventions fit the way a child learns
- Duplication of services/supports is decreased
- Primary Service Provider (PSP) is the person who communicates with a family in a systematic way
- The way of communication with family is consistent, communication style is familiar for both sides
- Requires time to collaborate

# Transdisciplinary Team:

- Parents and other care providers are equal team members
- Outcomes/goals are developed based upon improving the child's participation across activity settings and learning opportunities
- Team members are jointly responsible and accountable for how the primary service provider implements the plan
- Team members provide coaching to the PSP to effectively implement the plan across activity settings and care providers
- Ongoing interaction among team members for reflection and sharing information occurs beyond scheduled meetings
- Service and care providers engage in learning and coaching to develop the necessary expertise to improve the child's participation across activity settings and learning opportunities
- Team members implement an annual team/professional development plan to identify any gaps in skills and knowledge and improve expertise across disciplines



# ECI Service provision Country models

## Summary

**The ECI service paradigm shift:** from the traditional, medical, child-focused model to cost-effective, capacity building, family-focused model

**Team:** Interdisciplinary/transdisciplinary

**Eligible Children:** with a disability, developmental delay, or at risk of developmental delay in one or more areas

**Age range and place of service provision:** birth to 3 and 3 – 6. With children from birth to 3 mostly home visiting, from 3 to 6 at educational settings



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# Group Activity – divide into 3 groups

**Exercise:** create an optimal National ECI model for Greece with consideration of the main philosophy and principles of ECI and country resources – economic, social, human, professional:

<i>ECI philosophy and principles</i>	<i>ECI country need and resources</i>
<ul style="list-style-type: none"><li>- ECI service is available for each child with special needs or at risk;</li><li>- Service is free of charge for families</li><li>- Promotes child development and family strengthening</li><li>- Promotes child and family social inclusion</li><li>- Prevents severity of disability of children with established diagnoses (ASD, CP, Genetical); Developmental delay due to biological (low birth weight) or psychological or social (family violence)</li></ul>	<ul style="list-style-type: none"><li>- Children's and their family needs</li><li>- Economical</li><li>- Cultural</li><li>- Experience</li><li>- Human and professional resources</li></ul>

*What is the contexts of ECI national system development*

*What is the unique what you already owned*

*What will be unique*



# The context of ECI system development in Georgia

Urgent need - 2008 - 2012

- Support the Deinstitutionalisation of Thousands of Young Children in Orphanages
- Prevention of child abandonment and gatekeeping
- Close down big institutions
- Development of services for children at risk or with disabilities and their families
- Strengthening of social welfare



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# CHILD CARE - Programs organized by the Ministry of Labor, Health and Social Protection

## CHILD ADOPTION

*Adoption; International Adoption; Guardianship*

## ALTERNATIVE FORMS of CHILD CARE

*Reintegration; Foster Care; Small Group Homes;*

## CHILD DEFENCE FROM ABUSE AND NEGLECT

*Assessment, Consultation, Placement to appropriate services if necessary, Guardianship*

## FAMILY ASSISTANCE – PREVENTIVE ACTIVITIES

*Day Care Centers (6 – 18); Mother – Child Shelter*

## HABILITATION - REHABILITATION

*Center based rehabilitation for children with physical disabilities (0 - 18)*

## EARLY CHILDHOOD INTERVENTION/DEVELOPMENT

*Home based intervention for children (0 – 7) with developmental delays and at risk and their families*

## SHELTERS FOR HOMELESS CHILDREN

*24 hour care, schooling for children up to 18*

## ASSISTANCE TO CHILD AND FAMILY IN CRISIS

*Food and household appliances for families in poverty*

# Inclusive Preschool and school education

## Ministry of Education and Science

### EPE Law

Every child has the right to education and should be involved in mainstream preschools/schools

### Early Childhood Care and Education State Standards

Formal procedures of transition from preschool to school Guidelines and Multidisciplinary teams in every region

Projects enhancing early inclusive education supported by local and international donor organizations

No formal procedures of transition from ECI to preschool only agreement between Ministries and ECI providers

# Questions we had before starting TO build THE ECI system

## How to change approaches in society:

- Disability as a defect
- The best solution is institutional care
- Treatment with medications
- Rehabilitation is the only possible service



## How to change established attitudes?

- Shame and Stigma for Families

**How to change the medical approach into social/biopsychosocial?** How can Early Childhood Intervention Values be adopted in society?

**Are our professionals (psychologists, OTs, SP&L therapists) ready to provide evidence-based ECI?**

# Starting point - Changing approach of families and society through medical doctors

Having realized that the healthcare system and primary healthcare settings are the only institutions that can reach all children and families, we started working with them

## Implemented activities:

- **Workshops, trainings aimed at rising awareness of medical doctors** and other professionals by getting evidence-based information regarding best practices from reliable local and international organizations (professional societies, unions)
- **Involving MDs in the process of identification of children at risk and equip them with appropriate screening tools** (scientifically reliable and valid, adapted to culture, brief, user-friendly, easy to learn and administer)
- **Creating ECI services and referral system in capital and in the regions**
- Introducing successful cases of early identification and ECI outcomes

# How to use our professionals expertise for THE Creation and provision of evidence-based ECI service

## **Implemented activities:**

- Training of trainers of professionals
- Creation of pre-service training module for ECI specialists
- Creation of in-service training modules for ECI specialists and professional supervision
- Train new specialists
- Use experienced professionals' expertise: to conduct training professional supervision, mostly are engaged in a transdisciplinary team and support primary providers (ECI specialists,) and at the same time are working in clinical settings (habilitation – rehabilitation, autism program, etc.)

# ECI Service in Georgia

- ECI services in Georgia are organized and funded by the Ministry of Labour, Health and Social Affairs (MoLHSA)
- The special program for “Social Rehabilitation and Child Care” is being developed by MoLHSA and is approved by the Government of Georgia on the annual basis
- The Social Protection Department of MoLHSA is responsible for the policy design
- State Social Agency is the executive agency
- About 40 NGOs or private organizations are registered in Social State Agency as ECI service providers and serves 2500 children in 8 regions out of 10

# Aim of the State ECI program

Prevention of institutionalization of infants and children with special needs and provision of high-quality services based on individual needs and strengths of children and families, promote social inclusion of children with special needs, empowering of families.



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# State ECI Program

## Program objectives:

- Holistic development of children with special needs
- Prevention of severe disability and children's abandonment
- Promotion of social integration of a child and Strengthening capacity of families

Target group: children from birth to 7 having a developmental delay in one or more developmental spheres (motor, cognitive, social, emotional, communicative, and adaptive); or established disability; or being at risk of developmental delay

Registered ECI Provider organizations: should own an office, curriculum-based assessment tools, Inter/transdisciplinary team composed of at least one certified ECI specialist and representatives of different disciplines such as; a psychologist and an occupational therapist, a speech and language therapist. Every specialist should have at least a BA diploma and certificate in ECI

# Funding and terms of ECI state program

- **Enrollment limit** – every eligible child throughout Georgia
- **Annual budget is adjusted to the demand** (number of eligible children, service providers' caseload capacity)
- the government funds 100% of service
- **Way of Funding** – a child gets a voucher for ECI service and gets service in the natural environment. ECI specialist (primary service provider) conducts visits in the natural environment (mainly at home from 0 to 3, or kindergarten 3 - 6) twice a week, 8 times per month. The ECI voucher covers one hour of professional supervision. In case of need, group sessions could be conducted in the ECI center for children under 3 years and their parents 2 times out of 8 visits, and for children, 3+ group sessions could be 4 times out of 8 visits.
- **Child and family choose the ECI service provider** organization and can change the service provider in case of need

# The Early Childhood Intervention State Model in Georgia is based on the following philosophy and principles:

- Based on Developmental and Biopsychosocial Approaches
- Family is the Main Focus of the Service
- Service is Implemented in Natural Environment, Where Child Spends Most of His / Her Time
- Service is provided according to Child's and family Needs, Twice a Week
  
- With Involvement of Major Caregivers  
*Assessment, Planning, Implementation, reassessment*
- Transdisciplinary Team - *Case Manager/Primary Service Provider (Professionals and Paraprofessionals), Parents, professionals of different disciplines according to child and family needs.*

# Specification of different services for children with special needs - Rehabilitation, Habilitation and Early Intervention

- **Rehabilitation** - Special healthcare services that help a person regain physical, mental, and/or cognitive abilities lost or impaired due to disease, injury, or treatment.

**Rehabilitation – regaining lost skills or functioning**

- **Habilitation** - refers to services for those who may not have developed the skill or function yet, as it is expected for the particular biological age. Such as a child who is not talking as expected at his or her age.

**Habilitation – acquisition of not existed skills or functions**

- **Early Intervention** - Designed to eliminate the identified risk factors of child development. Promotes a child's holistic and functional development.

**Early Intervention – holistic development of a child through family strengthening**

# Outcomes of Early Childhood Intervention in Georgia

Is Based on Developmental and Ecological Approaches, Consequently, it Leads to Complex Results:

- ***Adaptation of Parents to Child's Diagnoses***
- ***Parent-Child Secure Attachment***
- ***Development of Child's Full Potential***
- ***Intellectual and Academic Achievements***
- ***Behavioral Adaptation***
- ***Better Quality of Life of Entire Family***

Early Intervention Prevents:

- ***Child's Separation***
- ***Couple's Separation***
- ***Family Dysfunction***
- ***Disability Status***
- ***Health Problems***
- ***Social and Criminal Issues***
- ***Family Economical Issues***
- ***Parental Incompetence***

# Results of Advocacy and awareness building

## Enrollment of Children with Special Needs in Preschool Education System

One of the aims of ECI organizations in Georgia is strengthening the capacity of preschool teachers in supporting children with special needs:

Training and Individual Counseling of Teachers

Working with children together with the teachers to assess the needs of children and set Individual Goals.

Teachers underlined that ECI specialists equipped them with practical knowledge, decreased their concerns about how to address the needs of children with disabilities and behavioral problems

*ECI plays a unique role in the transition of children into mainstream education.*

## Preschool Teachers opinion regarding children with special needs and their parents who have been involved in ECI services

**Children are more independent, are functionally and socially in a higher level. Their academic skills are more developed**

**Parents are familiar with their children's abilities: strengths and difficulties**

**Parents are informed about their children's rights, inclusive education and individual approaches**

**They have appropriate expectations...**

# Empowering of Parents

Families having children with disabilities face higher risks for divorce, unemployment, and poverty. In many cases, parents avoid having a second child.

## **Early Childhood Intervention helps families to:**

- See strengths and a future for their children
- Deal with obstacles and concerns together
- Remain or Become employed
- Keep their social lives
- Have more children
- Empower other parents



# Awareness raising and Outreach Activities

## Community Mobilization Activities:

- Free developmental screening in regions
- Workshops with parents, state social workers, medical and kindergarten personal
- Media programs/videos/clips

**Parents' Box**  
[www.adreuli.ge](http://www.adreuli.ge)

Georgian application for child development screening



# Factors that influenced ECI system development in Georgia

- **The National Child Care Reform (2006 – 2014):**
  - From Medical to Social Model
  - From Institutional Care to Family Type Care and Parent's Strengthening
- **Low Budget Early Intervention Service Model has been proposed to the government (2012)**
- **ECI State Concept Approved by Parliament with Obligation of Strategic Planning:**
  - Three Years National Action Plan (2018 – 2021) of ECI System Development has been developed and started implementation
- **Strong Nongovernmental Sector and Support of International Organizations**

# What the nongovernmental sector has done to create a national ECI system

- Establishment of a coalition of ECI organizations
- ECI National Strategy and Action Plan
- ECI National Policy & Procedure Document
- ECI service standards which were later adopted by the government
- Developed Child Development Screening and Surveillance Protocol
- Advocacy work of NGOs, parents organizations, and Individuals to adopt ECI concept note based on ECI national strategy by parliament
- Development of ECI model for mountainous and remote regions
- Development of methodologies and tools to support inclusive preschool education
- Certified courses for ECI Specialists

# Frequent Challenges in ECI system

## *Better to be considered ahead*

- Flexible, diverse, and coordinated funding scheme for ECI state program
- Intergraded system and coordination between primary healthcare, social services, educational programs - lack of continuous and effective communication with primary care providers and preschool facilities
- Early Identification and timely referral by Primer Health Care system
- Engagement of Children with complex special needs in mainstream education
- The limited availability and supply of human resources for ECI system at the national level (in every region)
- ECI specialist profession's formal establishment
- High-quality University level education programs, pre and in-service training

# General Recommendations for High Quality ECI System Development

- Ensure the highest level of Government commitment for the development and full implementation of ECI services
- Ensure support at the municipal/community level for ECI services
- Develop appropriate costing and budgeting system for ECI services - diversification of funds
- Maintain and strengthen collaboration with international partners to ensure technical and financial support for ECI program development
- Develop an appropriate regulatory framework for ECI national services
- Develop National ECI strategy and the Operational Plan
- Develop nationwide surveillance and screening preferably at the Primary Health Care level,
- Develop a strong system of referral and transition

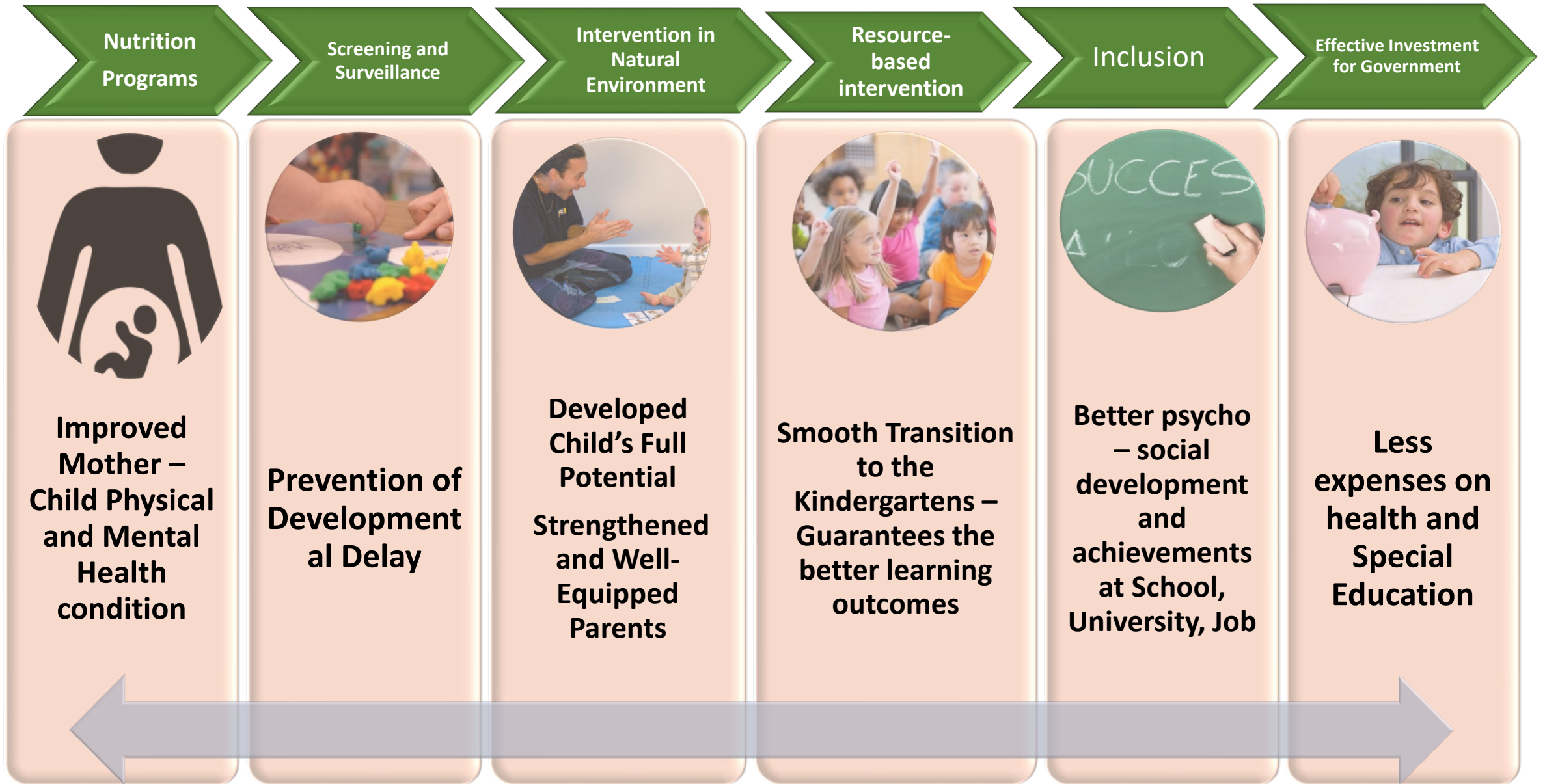
*Working team on ECI national strategy development 2015, Georgia; lead by Emily Vargas-Baron*

# General Recommendations for High Quality ECI System Development

- Create Policies and Procedures for ECI services as the guiding document of ECI service provision (Service provision standards, Professional standards, etc.)
- Develop eligibility criteria according to biological, psychological, and social risks to developmental delay. Create relevant evaluation tools for identification and measurement of social or psychological risks
- Ensure the existence of services for early age children requiring intensive and individualized interventions for malnutrition, chronic illnesses, disabilities, atypical behaviors, rehabilitation, or any other intensive interventions.
- Develop short-term and long-term educational programs to prepare and supply professionals for the ECI system.
- Develop Early Intervention as a specialization requiring BA and/or MA level education
- Develop national M&E system, targeted at continuous quality monitoring and improvement

*Working team on ECI national strategy development 2015, Georgia; lead by Emily Vargas-Baron*





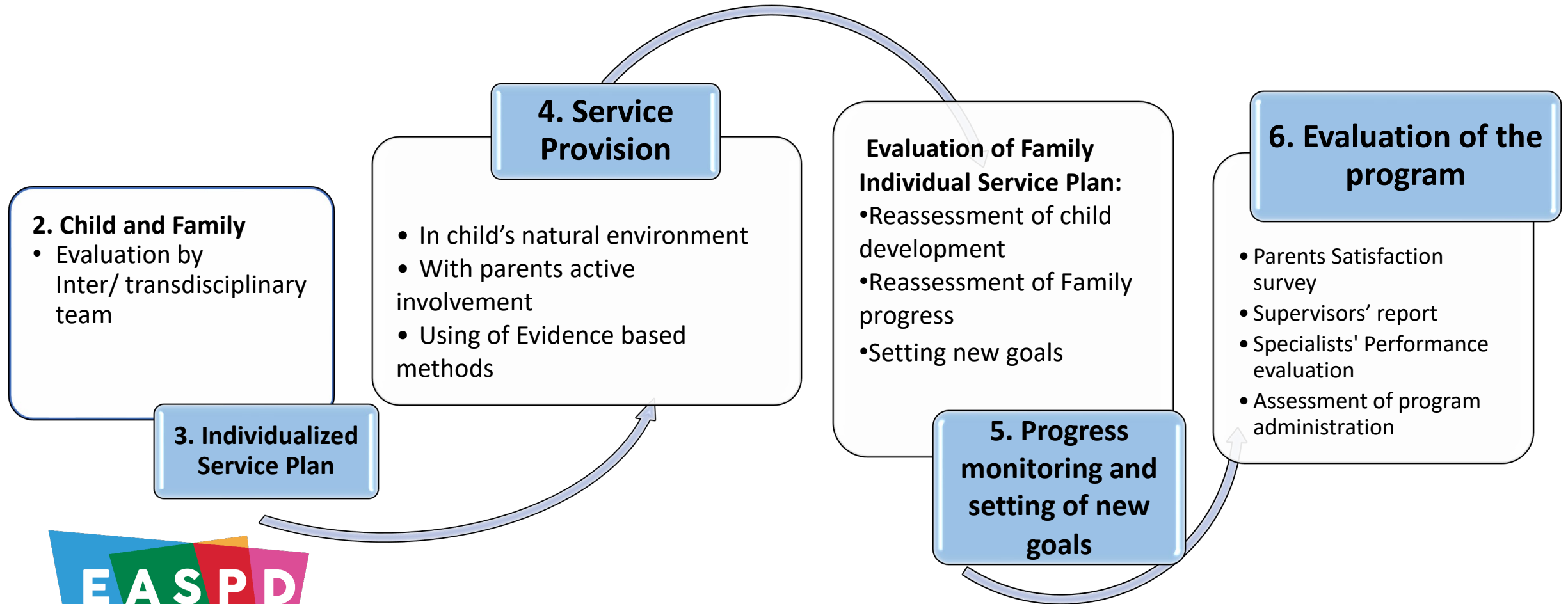
## Benefits of Early Intervention

# Chapter 2

## Early Childhood Intervention Program Provision



# ECI Service Cycle



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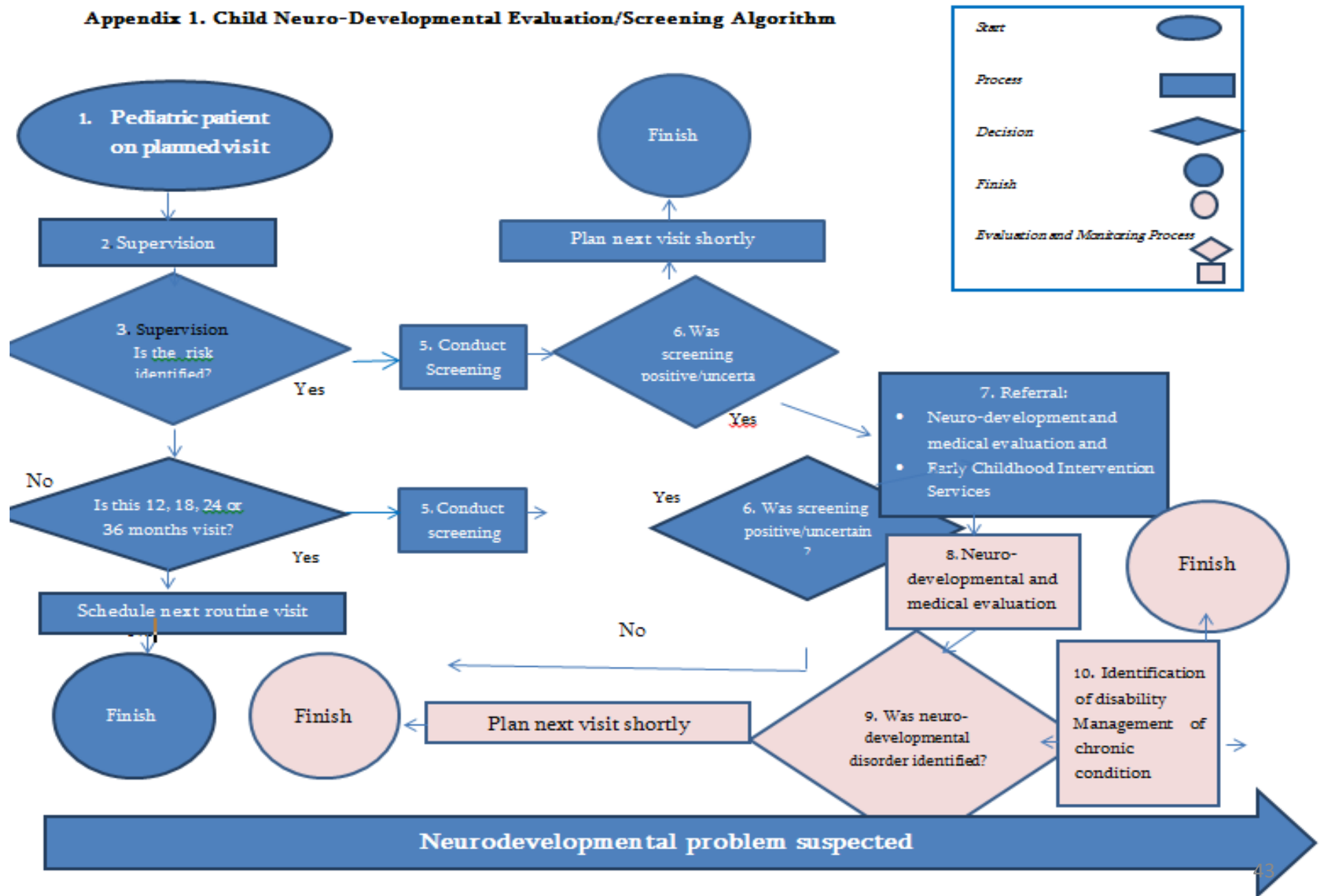
*Progress monitoring is conducted in every 6 month*

# Child detection and referral to ECI state program

- Primary health is free for children residing in Georgia
- The health check is mandatory at maternity house and at 2, 6, 12, 18, 24, 36 months
- According to the protocol of Neuro-Developmental surveillance pediatrician have to conduct social-emotional screening along with developmental screening (ASQ-3; ASQ – ES) (need to add MCHAT)
- If the problem is detected the pediatrician should act according to the neurodevelopmental screening and evaluation algorithm

# Established Neuro – Developmental screening and evaluation algorithm

**Appendix 1. Child Neuro-Developmental Evaluation/Screening Algorithm**



# Developmental Screening

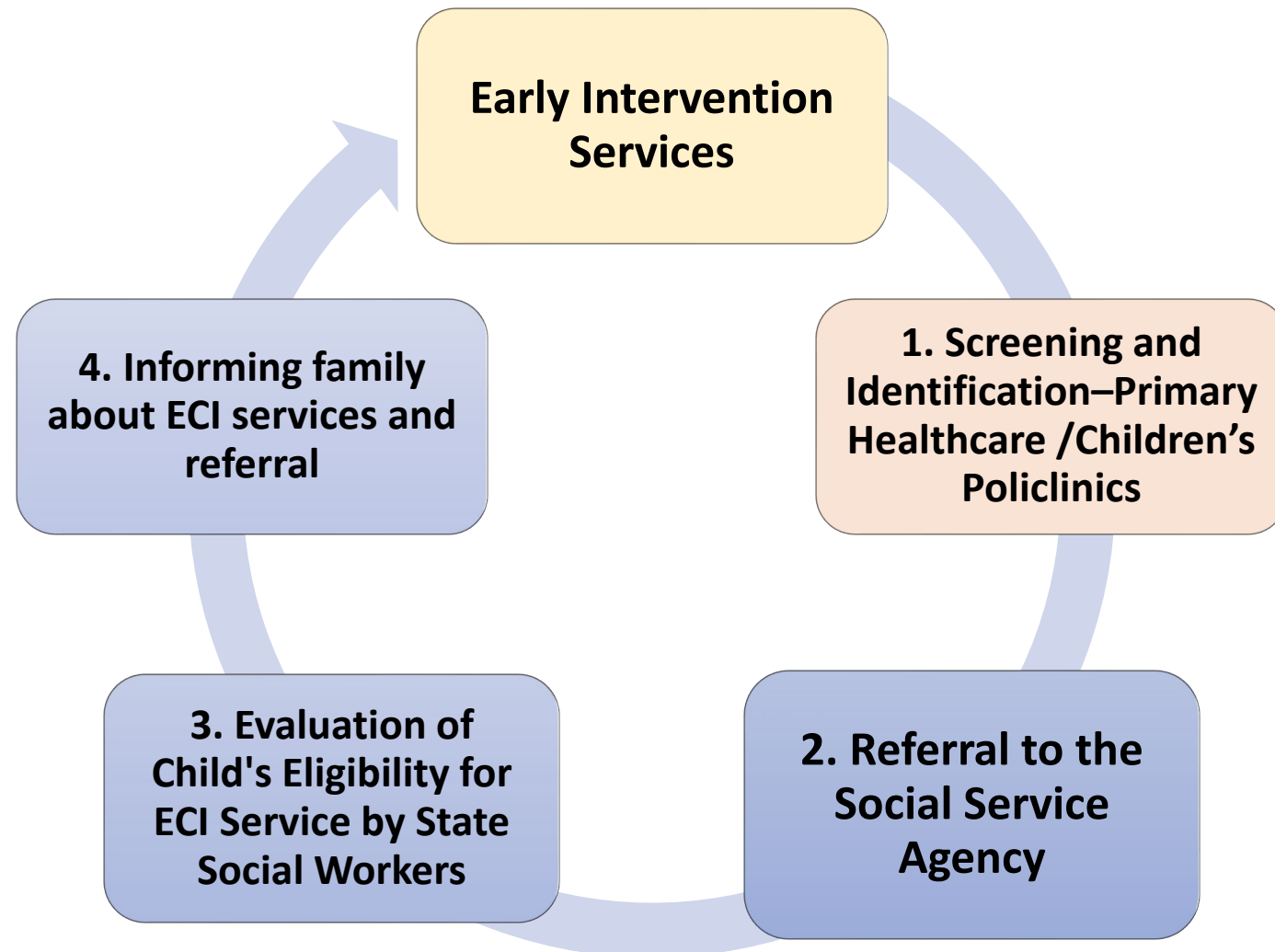
- **Important:** Screening instruments may be used ONLY to determine if a child should be referred for professional assessment and evaluation. Screening results may not be used to determine a child's level of development or if the child qualifies for special education services.

## Standardized Screening Tools

- The Ages & Stages Questionnaires®, Third Edition (ASQ®-3) – 2 – 66 month
- Ages & Stages Questionnaires®: Social-emotional, Second Edition (ASQ®:SE-2)
- MCHAT – The modified checklist of Autism in Toddlers – 16 - 30 month, assessment risk of ASD
- LAP (learning accomplishment Profil) – D Screens – 3,4,5 years



# Process of identification of eligible children and referral to ECI services



# Sources of Referral To ECI providers

**It is important to gather data from where the referral comes from and have a collaborate with the active and potential referral sources:**

- State Social Service Agency – more then 50%
- Maternity Hospitals - 1%
- Primary Health Care Doctors – 5%
- Child Neurologists from different Clinics – 10%
- Neuropsychological Clinics – 5%
- Self Referral (informed by other Parents, information in media) – 20%
- Kindergarten – 5%
- Other/unknown sources – 4%

# To be Enrolled in the Georgian ECI state program child should meet eligibility criteria:

- **Child is at risk of Developmental Delay** - According to ICD – 10 - R62.9 Lack of expected normal physiological development, unspecified
- **Delay in one or more developmental areas:** Gross Motor, Fine Motor, Communication, Cognition (problem-solving), Social-Emotional. According to ICD – 10 - R62.9, Lack of expected normal physiological development, unspecified
- **Intellectual or Physical Disability, Genetic and Chromosome Disorders, Inborn error metabolism, Neurological Disorders**
- **Neurobiological Disorders, Low Birth Weight, Acute Toxic conditions**

A medical doctor is making a diagnosis according to ICD-10 (International Classification of Diseases) and indicates in health condition form #100

# Early identification and timely referral should be improved

**Current need** – strong system of developmental screening and referral to ECI services of children under 3 years

- Lower attendance of children from 0-2 Years (20%) compared with children from 3-6 years old (80%)

**Current need** – Premature and Low Birth Weight children should be assessed at maternity houses, children at risk of developmental delay or disability referred to ECI services

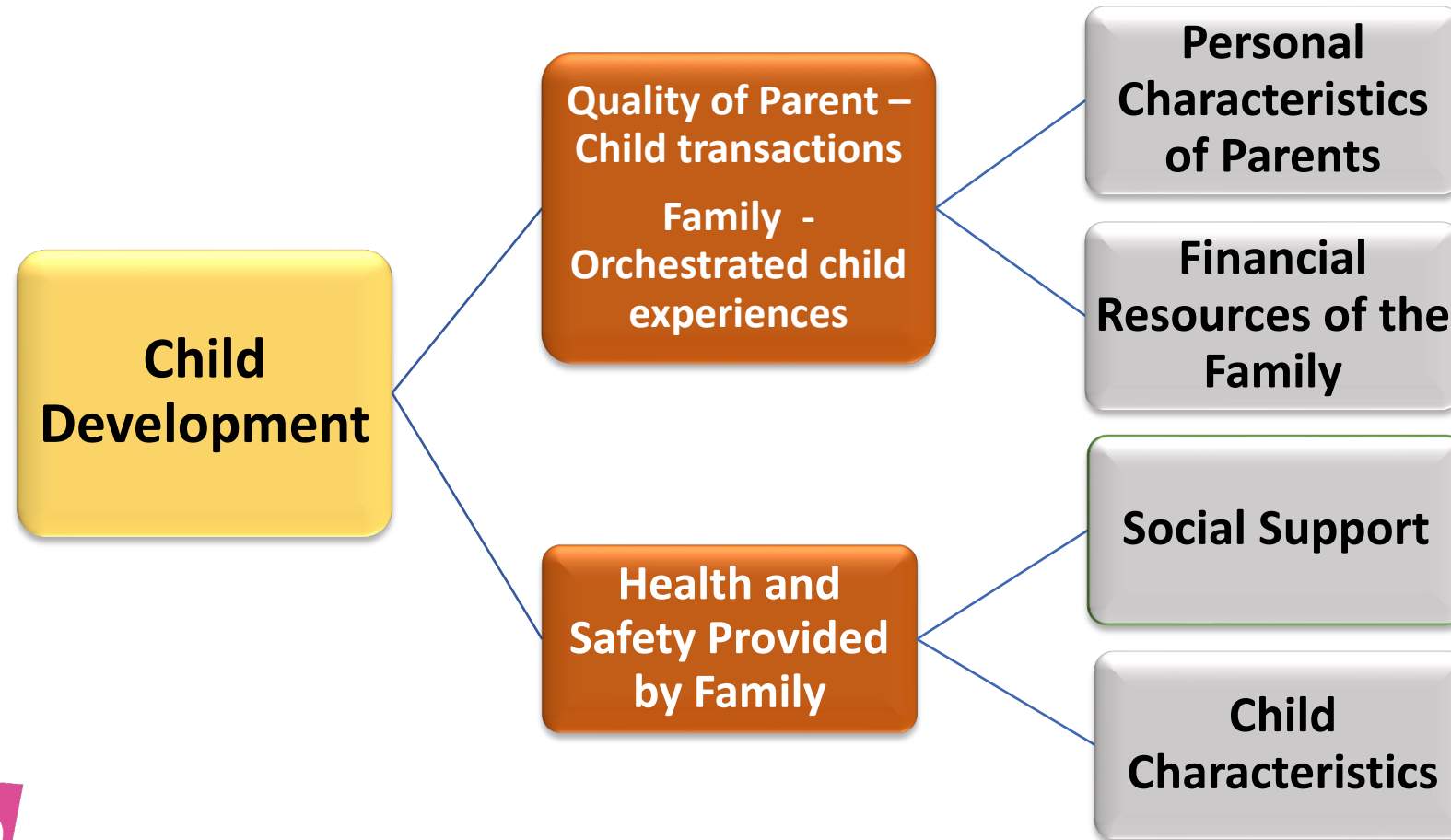
- No or late referral to ECI services

**Current need** – The children at high risk of developing delays or disabilities due to family or community environmental risks are left out of the ECI program.

- Lack of detection tools and criteria
- Only 20% of children are involved in ECI who are at risk (environmental or biological risk)



# Risk Factors of Child Development



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# Best Practice

In Portugal Eligibility is made according to ICF-CY (International classification of functioning, disability, and health: children and youth)

Children aged 0 – 6 years old and respective families are eligible for support when they present the conditions included in the following groups:

1<sup>st</sup> Group – “Changes of body function or structure” that limit the normal development and participation in typical activities, considering the appropriate development referential to respective ages and social context;

2<sup>nd</sup> Group – “High-risk of developmental delay” due to the existence of biological, psycho-affective or environmental conditions which involve a high probability of relevant delays in child development.

# Eligibility Criteria

## US, Oregon:

**Children with developmental delay:** 2 standard deviations delayed in one or more areas of development or 1.5 standard deviations delayed in two or more areas of development.

**Children with Biological risks:** A child born with a diagnosed condition that is likely to result in a delay such as very low birth weight, drug and/or alcohol addiction, a genetic disorder, autism, spina bifida, etc.

**Established Disability:** autism, communication disorder, hearing impaired, vision impaired, orthopedically impaired, cognitively impaired, deaf and blind, traumatic brain injured, health impaired, learning disabled, emotionally disturbed.

## Spain:

Any child with developmental delay (assessed by psychometric tests), with a disability, or with communication, emotional and behavioral problems either by organic or social causes.

# Referral to ECI Services from SSA

**Initial communication with families either by state Social Worker or ECI provider organization, or both:**

- Information about the program characteristics, ECI specialist and family cooperation, rights, and responsibilities
- Information about the timeline of the ECI program, transition process into the educational services
- Terms and conditions of ECI voucher realization
- The signing of informed consent/contract between ECI provider organization and family

# Group work - divide into 2 groups

## Question for reflection:

- How children are referred to social/special education services in Greece?
- What is needed to have an effective referral system based on the Ecological model – Bio-Psycho-Social assessment
- What kind of activities/tools do we have or need to conduct a bio-psycho-social assessment of a child;
- How to ensure engagement of the parents in the working process right from the beginning

*Working time 20 min*

*Presentation for each group 5 – 7 min*



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Thank you!