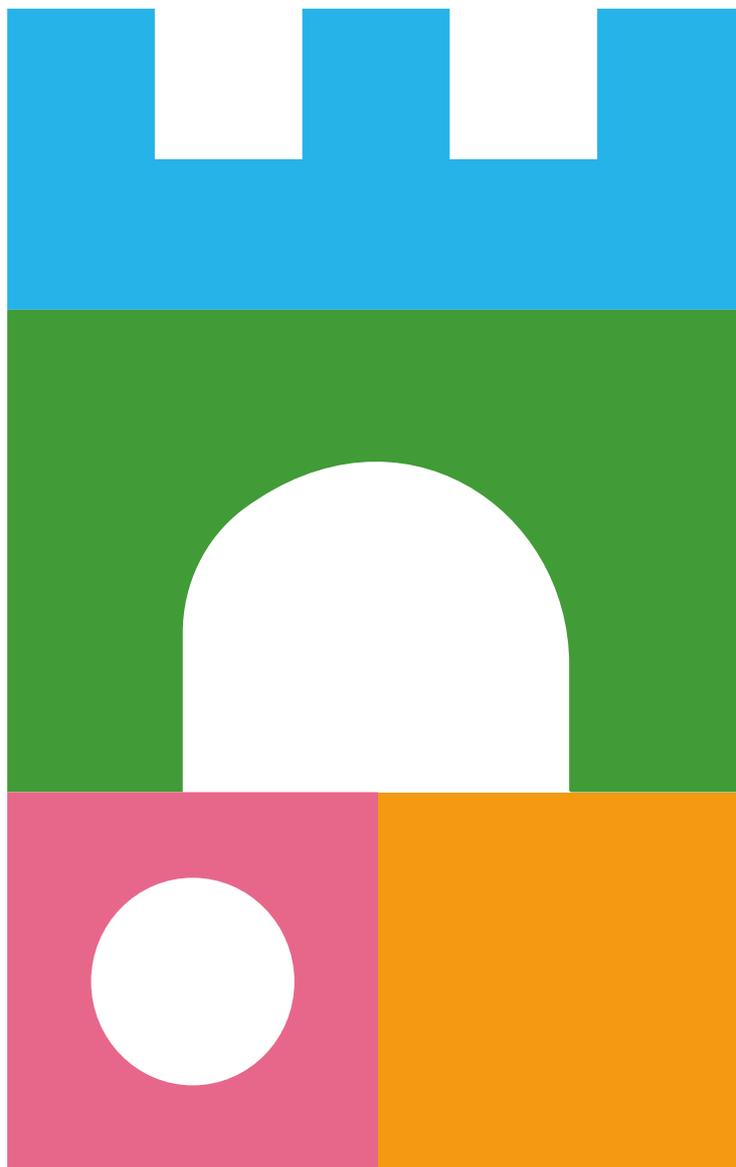


Action Plan for ECI in Greece



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

Grant Agreement n° 101048313

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The Action Plan for ECI in Greece corresponds to the project deliverables D5.2: "Roadmap for ECI in Greece" and D5.3: "Legislative proposal for ECI in Greece", under Work Package 5: "Roadmap for ECI in Greece".

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List of abbreviations

- DG REFORM:** Directorate-General for Structural Reform Support, European Commission
- ECEC:** Early Childhood Education and Care
- ECI:** Early Childhood Intervention
- EASPD:** European Association of Service providers for Persons with Disabilities
- EOPPEP:** National Organisation for the Certification of Qualifications & Vocational Guidance
- EOPYY:** National Organisation of Health Services
- EU:** European Union
- IFSP:** Individualised Family Services Plan
- ICH:** Institute of Child Health
- KDAPMEA:** Children with Disabilities' Centres for Creative Activities
- KEDASY:** Centres for Educational Support and Counselling
- MoE:** Ministry of Education and Religious Affairs
- MoH:** Ministry of Health
- MoI:** Ministry of Interior
- MoF:** Ministry of Finance
- MoLSA:** Ministry of Labour and Social Affairs
- MoLSI:** Ministry of Labour and Social Insurance
- MoSCFA:** Ministry of Social Cohesion and Family Affairs
- NGO:** Non-governmental Organisation
- RRF:** Recovery and Resilience Facility
- UN:** United Nations
- UNICEF:** United Nations Children's Fund

Forward

The first six years of a child's life are deemed the most critical for their development. It is also a crucial age for helping children with or at risk of developmental delays or disabilities to reach their full potential. The benefits of early childhood intervention have been thoroughly documented; hence the Ministry of Social Cohesion and Family Affairs has undertaken the task to set up a comprehensive system of ECI services.

The Action Plan on the implementation of reforms to support the development of family-centred early childhood intervention services in Greece is the outcome of an extensive consultation with civil society stakeholders and will be a significant tool for the Ministry of Social Cohesion and Family Affairs to develop an evidence-based policy and legislative framework.

The implementation of the ECI Action Plan will rely on three main pillars. Firstly, we should set up a coordinated mechanism that would ensure the early detection and identification of children with or at risk of developmental delays or disabilities. Secondly, we need to establish well-defined Protocols about the services and the recommended practices that the ECI providers should adhere to. Thirdly, we need a monitoring and evaluation system to guarantee that ECI services are of high quality, effective, and reflect the needs of families and children.

Setting the foundation for healthy child development and supporting children to thrive during their early years is of a fundamental importance for the Ministry of Social Cohesion and Family Affairs.

The implementation of the ECI Action Plan, although it poses several challenges, it is our top priority, and we are very hopeful for its long-term outcomes and the positive impact it will have on children.

The Minister of Social Cohesion and Family Affairs

Mrs Sofia Zacharaki



Introduction

In the Greek Constitution, the highest source of binding law in Greece, children are acknowledged as rights holders, entitled to special care by the State. However, despite the relevant legislative framework for increased protection of children, including children with disabilities, there are still significant problems with its implementation. Legal provisions are scattered in multiple pieces of legislation or other regulative administrative acts, each time regulating specific issues and amending or even abolishing previous ones.

Early Childhood Intervention (ECI) has become a high priority for the Greek authorities in the last few years. In the framework of the implementation of a Deinstitutionalisation Strategy, the Greek authorities increasingly recognised the importance of a strong ECI system for children with or at risk of developmental delays or disabilities and their families to enhance their development and inclusion in society such as general and special schools.

This herewith proposed Action Plan has been designed as deliverable 5.2 of the project "Technical Support to implement reforms to support the development of family-centred early childhood intervention services in Greece" – (otherwise known as ECI Greece) that runs from September 2021 to January 2024. It is funded by the European Union via the Technical Support Instrument and is implemented by the European Association of

Service providers for Persons with Disabilities (EASPD) in cooperation with the Directorate-General for Structural Reform Support (DG REFORM) of the European Commission, with the cooperation and support of national and international stakeholders.

This Action Plan will lead to the development of an evidence-based policy and legislative framework for family-centred ECI in Greece. **It builds on the results derived from previous project deliverables and, in particular, the Country Report, which captures the current state of play of ECI in Greece and the one-year pilot, which included training on and implementation¹ of the proposed family-centred model in seven early intervention service providers.**

The methodology for developing this Action Plan is based on a co-productive and inter-sectoral approach by involving key stakeholders from the field of social services, education, and health in a series of consultations, leading to a consensual result and paving the way for a formal endorsement.

Family-centred Early Childhood Intervention (ECI) is an approach to supporting children with developmental delays or disabilities that places the family at the centre of decision-making and service provision, recognising their expertise in their child's life. It involves collaborative and holistic support, aiming to empower and involve the family in all aspects of their child's care and development.

¹ *The one-year pilot training and implementation was conducted in the context of the ECI Greece project to seven selected ECI service providers in 2022-2023 (Deliverable 2.3 'Family-centred ECI Services' pilot implementation'). It supported them to implement new family-centred processes, measure their impact and act as torchbearers for other services and for national legislative and financial reforms. To ensure continuity in this process, it is recommended for those ECI service providers to be structurally involved and consulted both in the implementation of the upcoming Pilot Programme that will be funded through the EU Recovery and Resilience Facility and of this Action Plan.*

The objective of the ECI Action Plan is to provide concrete objectives, milestones, and actions for Greece to move, during the next three years, towards a family-centred Early Childhood Intervention system, which will provide timely identification, referral, and support to all families with children with or at risk of disabilities or developmental delays. The envisaged early intervention system will be characterised by clear roles and responsibilities between all parties involved, will place families at the centre by empowering children's primary caregivers, will be research-based and evidence-informed, will be delivered primarily in natural settings and will cover the whole cycle of early intervention from initial screening and assessment to the development, implementation and monitoring of an Individualised Family Service Plan (IFSP) and finally to the planning of the transition from ECI to the following settings such as general and special schools.

The timetable of this Action Plan covers a period which largely coincides with the implementation of a larger scale "Early Intervention Pilot Programme"² to be funded through the EU Recovery and Resilience Fund (RRF)³, which is expected to run from early 2024 to late 2025. The ECI Greece project, and especially the ECI Action Plan, aspires to facilitate the implementation of the RRF-funded "Early Intervention Pilot Programme" by providing an appropriate framework and targeting of the planned actions.

On the other hand, the RRF-funded programme offers a stable funding stream during its implementation for several actions described in this Plan as set out in the relevant tables below.

This Action Plan is intended as a living document with a commitment to achieving measurable goals while at the same time adapting as appropriate and evolving to include new evidence, improved data and lessons learned.



² The project is about establishing an Early Intervention Pilot Programme for children aged zero (0) to six (6) years old with a disability or developmental delay or disorder or with an increased likelihood of developing such disorders, as well as their families, to ensure and enhance the child's development and to support the child's family, promoting the social inclusion of the child and the family and avoiding their marginalisation. The eligibility criteria for the providers who will be funded to offer ECI services include having an interdisciplinary team, developing an individualised plan considering the need of children and families and preferably providing their services in the natural environment of the child.

³ For more information regarding the RRF, please consult [the relevant webpage of the European Commission](#)

Family-centred ECI: Definitions and values

Science shows that, from a neurobiological point of view, children's experiences from conception through their first six years shape their health, development, and quality of life, and whatever happens during the early years can have lifelong effects. Additionally, the way we raise children today will reflect the type of world we will live in tomorrow. Therefore, investing in the start of life is not an indulgence but economically and socially critical to a prosperous society.

What is critical for non-disabled children is vital for children with or at risk of disabilities or developmental delays. Family-centred early intervention not only enhances the skills and abilities of the child and the family but can also be a real game-changer for the child's development and social inclusion. Early identification and coordination of family and community resources that respond to the needs of children increase the potential of the environment to produce change. Access to ECI support and education during the early years can reduce disabling conditions and significantly increase the capabilities of children with or at risk of disabilities or developmental delays.

Creating learning opportunities in relationships and experiences for children and families in the natural contexts of their lives will substantially influence their prospects, preventing the institutionalisation of children when families are at risk of unnecessary separation.

Strengthening the parents' and caregivers' competencies promotes their confidence and nourishes the positive interaction and emotional connection between the child and the parents. Children flourish in relational environments where parents' attunement, engagement and responsiveness are encouraged and supported by ECI professionals. This is the heart of ECI, and it is a significant shift from the way early support is generally provided and interpreted. This is no longer about professionals focusing solely on the child. It is about professionals, families and communities co-creating and optimising contexts that allow families' significant participation in their child's development. Parents are afforded their rightful role, which is being the experts in their child's life, and the family's formal and informal social support networks also become change agents.

ECI also provides a significant contribution to the child's schooling. The World Report on Disability⁴ highlights that early intervention can reduce the level of educational support children with or at risk of disabilities or developmental delays may require throughout their education and ensure they reach their full potential. Furthermore, access to universally available, high-quality, and inclusive ECI services is the first step of a long-term process towards inclusive education and equal opportunities for all in an inclusive society. ECI can reduce or even eliminate the developmental delay of children and infants, the need for special education at school age and increase autonomy.

4 World Health Organization & World Bank. (2011). [World report on disability 2011](#). World Health Organization.

The recent law 4997/2022, defining the implementation parameters of the above-mentioned RRF-funded "Early Intervention Pilot Programme", which was created based on the principles, findings and recommendations of the ECI Greece project, defines early intervention as "a matrix of individualised services provided using a family-centred approach and intervention to prevent or minimise limitations in children who are or may be experiencing developmental delays or disabilities and promoting the potential of these children and the general well-being of the family".

ECI services are based on families' and children's needs and should be provided in the natural environment of the child with the active participation of parents and caregivers following a two/multi-generation approach, simultaneously working with children and the adults in their lives. They include the assessment of the child's and family members' needs, the creation of individualised family service plans, the provision of regular services according to need, including speech, physical, and occupational therapies, communication and socialisation programmes, infant-parent psychotherapy, counselling to parents, and more⁵.

In a nutshell, family-centred ECI responds to the critical needs of children and families by promoting development and learning, providing support to families, and coordinating services and professionals. Quality ECI services:

- Recognise the central role family plays in a child's life, thus building parents' and caregivers' capacity to contribute to their child's learning and development;
- Promote the engagement of all children, regardless of their needs, in all aspects of life based on each child's strengths. They, therefore, foster learning in natural environments such as daily routines, at home, and in the community;
- Use evidence and outcome-based approaches: early childhood intervention professionals provide services grounded in research and scientific reasoning;
- Work with well-trained professionals from various disciplines and backgrounds to meet the diverse needs of each child and ensure quality teamwork.

5 *Family-centred Early Childhood Intervention: [the best start in life, Position Paper, EASPD, 2022](#)*

Glossary of key terms

Early Identification: the determination of the presence of a disability or a developmental delay, with the aim of starting ECI as soon as possible.

Daily routine: commonplace tasks, chores, or duties done regularly or at specified intervals; typical or everyday activity (eating, bathing, dressing, etc.)

Developmental risks: biological and psychosocial conditions that pose risks to optimal development. Biological risks include conditions such as premature birth, low birth weight, malnutrition, infectious diseases, and genetic disorders. Psychosocial risks include conditions such as poverty, maternal depression, child-caregiver interaction problems, primary caregiver loss, illness and /or stress, institutionalisation, social discrimination, violence, displacement, and natural disasters. Developmental risks may be multiple and combined. A child with risk may not yet demonstrate difficulty or delay.

Developmental delays: Children with developmental delays refer to children who experience significant variation in the achievement of expected developmental norms for their age. The delay may be in one or more of the main domains of development: social-emotional development (regulation of emotions, understanding and responding to feelings of others, etc.), cognitive development (language, thinking, etc.), and physical development (walking, standing, fine motor skills, etc.). A norm is a range of typical development from one age to another, e.g., a child walks alone briefly from 9 to 15 months. A child with a delay may not have a disability yet.

Children with disabilities include children who have long-term physical, mental, intellectual, or sensory conditions that may require environmental modifications and access to therapies and/or devices to facilitate their activities of daily living and full and effective learning and participation in society on an equal basis with others. A child may have single or multiple functional conditions affecting mobility, communication, receptive and expressive speech and language, swallowing and access to nutrition or psychosocial conditions that could affect their relations with others. ;

Early Childhood Assessment: It is a process in which various strategies are used to gather and provide educators, parents, and families with critical information about a child's learning and development as well as on family needs, priorities, strengths, stressors, and daily routines, including evaluation of the cultural, social, and physical contexts within which learning, and development occur. Following a family-centred approach, the assessment is mostly done with family-friendly tools like Routines-Based Interview (definition included in the glossary).

Individualised Family Service Plan (IFSP): The IFSP is a written document developed by an interdisciplinary team together with the child and the family based on the overall Early Childhood Assessment to record the family's goals and outcomes for themselves and their child's development. It lists the early intervention services that will best help reach those outcomes and describes when, where, and how those services will be delivered.

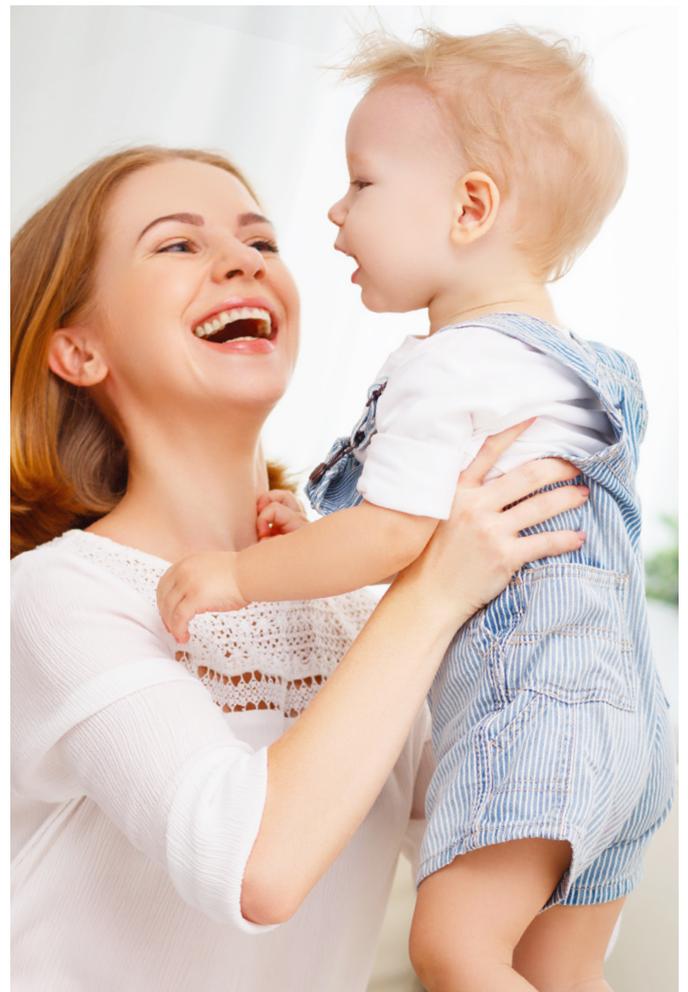
Natural environment of the child: Any place where the child and family live, play, and learn. It includes settings such as the home, child-care site, relative's home, park, etc.; materials that can be found in the child's physical environment such as toys, books, swings, grass, spoons, a highchair, etc.; people with whom the child might interact such as parents, siblings, relatives, neighbours, friends, teachers; activities that incorporate the child and family's interests and routines including eating, bathing, and dressing; recreation, such as playing, reading, and community participation, such as faith traditions, holiday celebration, cultural practices, shopping, and different forms of transportation.

Referral: A written request for the child to receive therapies and/or family-centred Early Childhood Intervention.

Routine-based Interventions: Interventions that are focused on naturally occurring activities in the family's and child's daily life.

Routines-Based Interview: A semi-structured clinical interview about the family's day-to-day life, focusing on the child's engagement, independence, and social relationships. It is designed to help families decide on outcomes/goals for their individualised plans, to provide a rich and thick description of child and family functioning, and to establish an immediately positive relationship between the family and the professional.

Transdisciplinary model of ECI services: An approach of ECI service provision that is defined by the sharing of roles across disciplinary boundaries so that communication, interaction, and cooperation are maximised among team members. The transdisciplinary team is characterised by the commitment of its members to teach, learn, and work together to implement coordinated services. A key outcome of a transdisciplinary approach is the development of a mutual vision or "shared meaning" among the team, with the family considered to be a key member of the team.



1. Inter-sectoral cooperation towards a holistic family-centred ECI system

Introduction

Early Childhood Intervention services in Greece are currently provided by a wide range of programmes, primarily administered by the social welfare, health, and education sectors. Although all these services aim to provide the best possible start in life to children and their families, each follows and adopts different principles, protocols, frameworks, and practices. This can result in discontinuity of provision and uneven quality of services.

Both professionals and families involved with ECI in the country have stressed that some of the most prominent challenges arise from (a) the fragmentation of services targeted to children and their families, (b) the lack of coordination and clarification of roles and responsibilities among the agents and services that comprise an ECI system, and (c) the overall lack of a national policy and quality standards for services targeting families with children in the early years (mainly under 4 years old) with disabilities or developmental delays in need of support. Recent research and policy initiatives at the international level highlight the importance of planning coherent efforts to provide both children and their families with a wide range of high-quality services that are aligned and coordinated since good health, responsive caregiving, and opportunities for early education are all equally important in a child's development (World Health Organization et al., 2018).⁶

Therefore, Greece needs to invest in designing a multi-sectoral coordination mechanism to provide integrated services, with a clear system of collaboration between all key ministries involved: the Ministry of Social Cohesion and Family (MoSCFA)⁷, the Ministry of Health (MoH), the Ministry of Education and Religious Affairs (MoE) and possibly the Ministry of Interior (MoI) because of its responsibility over municipalities at local level, and a plan for transition to a holistic ECI system that will ensure efficient use of resources.

The aim of this chapter is to identify the steps required for a successful transition from a fragmented medical-centred model towards a holistic family-centred ECI one that is inclusive and responds to the needs of both children and families. The process of transition to the new comprehensive ECI system should thus broaden and enrich the existing provisions for individual therapies, safeguard the best interests of children, protect their human rights, and promote their full potential. The actions described below aspire to do so by defining a clear division of responsibilities and a coordination system between the different sectors involved in all aspects of ECI.

⁶ [World Health Organisation Recommendations on Caregiving Interventions to Support Interventions to Support Early Child Development in the First Three Years of Life](#)

⁷ The ministry in charge of ECI policy in Greece until the July 2023 elections was the Ministry of Labour and Social Affairs (MoLSA). Under the new administration, MoLSA was divided into the Ministry of Labour and Social Insurance (MoLSI) and the Ministry of Social Cohesion and Family Affairs (MoSCFA). Since then, the ECI policy falls under the mandate of MoSCFA.

Objective

Ensure a successful reform process, with a clear division of responsibilities and coordination system between the different sectors involved in all aspects of ECI.

Milestones and actions

1.1 Set procedures for inter-ministerial cooperation and coordination for the implementation of the Action Plan.

Action	Timeline	Responsible organisation ⁸	Indicator
1.1.1 Create a multi-sectoral ECI Committee ⁹ to oversee the implementation of the ECI Action Plan and the cross-sectoral national ECI policies needed to build a coherent ECI system, with two sub-groups – a high-level and a technical one.	1st year Months 1–6	MoSCFA in collaboration with MoE, MoH and MoI	- Legislation defining the composition, roles, and responsibilities of the ECI Committee. - Annual high-level progress report.
1.1.2 Define and agree on guiding values in the implementation of the ECI Greece Action Plan.	1st year Months 4–6	Multi-sectoral ECI committee	- Reference document on values and objectives for the implementation of the ECI Action Plan and overall reform.
1.1.3 Define clear tasks, responsibilities, and procedures for the multi-sectoral ECI Committee and ensure coordination with the actions under the Child Guarantee National Action Plan.	1st year Months 7–9	Multi-sectoral ECI Committee	- Minutes of the first meetings of the Committee indicating tasks, responsibilities, and procedures.

⁸ The level of representation of the responsible authorities for every proposed action will be discussed at the relevant meetings of the Committee.

⁹ In this multi-sectoral ECI Committee, the MoSCFA should have a coordinating role and include representatives of other ministries, such as the MoE, the MoH, the MoI (to ensure connection with municipalities and local communities), ECI professionals, and civil society representatives. To ensure the smooth and continued functioning of the multi-sectoral ECI Committee, it should be composed of specific individuals as permanent members (e.g., an academic with long standing experience in ECI) and members who participate according to their title (e.g., a holder of a specific ministerial position). The Committee should comprise two subcommittees, one with a technical role composed mainly of permanent civil servants from the participating ministries and experts in the ECI field that will make specific recommendations and another with a high-level role composed mainly of senior government officials and representative organisations that will take the final decisions. A high-level progress report on the implementation of the Action Plan is proposed to be developed by the Committee and published annually. This Committee should be connected or partly overlapping with the Committee foreseen for the implementation of the RRF Pilot ECI Programme.

Action	Timeline	Responsible organisation⁸	Indicator
1.1.4 Define coordination protocols with clear responsibilities between different ministries concerning early screening, assessment, referral, provision and monitoring of ECI Services and transition planning to formal education. ¹⁰	1st year Months 10-12	Multi-sectoral ECI Committee	- Coordination protocols.

1.2 Define responsibilities and functioning of the future ECI system and steps for the transition to the new family-centred model.

Action	Timeline	Responsible organisation	Indicator
1.2.1 Conduct a consultation towards a representative sample of families of children 0-6 years old with or at risk of disabilities or developmental delays about the support and social protection they receive or are missing. ¹¹	2nd year Months 18-24	Multi-sectoral ECI Committee	- Report on consultation results.
1.2.2 Based on the results of the RRF pilot and the family consultation (1.2.1), discuss and agree on the concrete functioning of the future family-centred ECI system in Greece, key steps and timeframe for integration and transition.	3rd year Months 25-30	Multi-sectoral ECI Committee	- Document or infographic that reflects an agreement of principles setting out the direction of the reform.

¹⁰ ECI services should always foster the inclusion of supported children in the community and in regular schools.

¹¹ This assessment will also serve as a basis for action 2.2.1. It should target a representative sample of families that will have participated in the RRF pilot and others that have not. It shall include questions about the ongoing support received and gaps in terms of services (availability, quality, accessibility), financial resources, social protection, as well as the families' views about the future organisation of the system after reform.

2. Funding and sustainability

Introduction

In Greece, funding is ensured for part of the activities of the early intervention system, including screening, provision of individual therapies, day centres and educational support, which are largely free of charge for parents, including:

- Free access to prenatal and postnatal care and screening for disabilities is available for all children in Greece through the National Health System.
- Specific individual therapies¹² for children with diagnosed developmental difficulties which are, to a significant extent, covered financially by the National Organisation of Health Services (EOPYY). The relevant Ministerial Decree¹³ also provides for the prescription by child psychiatrists, developmental paediatricians, or child neurologists of early intervention therapies¹⁴ for every eligible child.
- The network of Day Centres and Creative Activity Centres (KDAPMEA) provides intervention and support services for many young children (from age 5 and up) in need of specialised support and is adequately funded by national and EU resources.

Once the children are integrated into the formal education system, all the services of identification, assessment, and educational support provided to them are free of charge through the national educational system.

Nonetheless, ECI services are often not adequately funded. Allowances are insufficient to cover their actual costs, resulting in families being forced to make additional financial contributions and the number of therapies justified is determined solely by the type of disability without considering individual differences and the heterogeneity that similar diagnostic clusters have and without assessing the needs of the families.

Also, the Greek educational system is still unable to fully and timely address its students' increased needs as it relies largely on European funding (mainly ESF+ along with co-funding from the Public Investment budget) to fund an adequate number of Special Education teachers for parallel support for students with diagnosed disabilities.

Accompanying services and provisions such as music therapy, art therapy, therapeutic riding, or assistive technology are not covered by public funding. Family home visits, central to a modern and holistic early intervention system, are not defined in any relevant legal framework and are not funded. Thus, costs necessary to carry out home visits, such as travel costs or the purchase of required vehicles, are not foreseen and are not eligible for funding. Early intervention service providers must cover the continuing education and training needs of their staff at their own expense.

¹² Specific individual therapies include occupational therapies, speech and language therapies, physical therapies, special education therapies, etc.

¹³ Ministerial Decree 80157/1-11-2018

¹⁴ Albeit only from a purely therapeutic perspective and for up to 8-12 therapeutic sessions of each special therapy within six months (that can be repeated).

ECI providers are not financially supported to provide services outside of the city in which they are located. Thus, families living far from urban centres face higher travel costs to receive diagnostic or support services.

Public funding does not cover the transition from early intervention services to subsequent support or educational settings, which includes the development of a transition plan and good communication between families and the various professionals involved.

There is no provision for funding therapeutic protocols and early intervention services for children with hearing and visual disabilities under the age of 4 years old since these are not included in the legal framework. Only medical interventions are funded.

To fill in these gaps, there are some opportunities, including the Recovery and Resilience Facility (RRF), where the MoSCFA has included a programme to support actions related to Early Intervention. This programme will be implemented from early 2024 to late 2025 and is expected to cover 1,635 beneficiaries with a total budget of approximately 32 million euros. Furthermore, there is a provision to support the ECI services after the end of 2025 by including them in the funding stream of the National Strategic Reference Framework (NSRF). Additionally, the European Social Fund Plus (ESF+) can support the development of tools and interventions for early childhood, and the Child Guarantee National Action Plan for Greece can potentially include actions for the establishment of an ECI system in its revision down the line, by addressing existing gaps.

The current context creates favourable funding conditions for strengthening existing early intervention services and developing new ones that will contribute to creating a holistic and effective system that can support all children in need and their families.

However, for the sustainability of the new ECI system under development in the longer term, national funding should also be foreseen (see action 2.2 below).

To conclude, the current funding system for early intervention services in Greece has significant gaps regarding its capacity to adequately respond to the existing needs of children with disabilities or developmental delays and their families.

To address those gaps, several actions are indicated below aiming to:

- Guarantee unhindered access to holistic ECI services for all children in need – together with adequate support for their families;
- Develop a broad and holistic funding strategy that avoids piecemeal policies and fosters an integrated, transdisciplinary approach that addresses the needs of children and families in an effective and comprehensive way;
- Ensure quality services by investing adequate resources in strengthening the capacity of the ECI providers across different sectors and enhancing the professional development of ECI staff to respond to the needs of the families with an accurate and up-to-date approach.

Objective

Ensure funding for the transition to and the provision of quality family-centred ECI services that cover the needs of children and families.

Milestones and actions

2.1 Secure funding for the implementation of the Action Plan.

Action	Timeline	Responsible organisation	Indicator
2.1.1 Assess the costs for the actions in this Action Plan that are not funded through the RRF and identify resources to ensure their implementation.	1st year Months 1-9	MoSCFA in collaboration with MoE, MoH, MoF	- Funding Plan for the Action Plan implementa- tion.



2.2 Secure the continuation and financial sustainability of the reform after the end of the Action Plan timeline.

Action	Timeline	Responsible organisation	Indicator
2.2.1 After the end of the RRF pilot, develop an evaluation of the pilot and cost assessment report for the transition from the RRF ECI pilot to a national rollout for the system to move from the individual therapy-focused early intervention model to a holistic family-centred and evidence-based one. Identify funds/funding sources to cover those costs. ¹⁵	3rd year Months 25–30	MoSCFA and MoF through the RRF programme	- Family-centred ECI service provision cost assessment report. ¹⁶
2.2.2 Based on the assessment of action 1.2.1, identify measures to support families receiving ECI services (like income support, vouchers for household chores, additional parental leaves, etc.) Identify funds and funding sources to cover those costs.	3rd year Months 25–30	MoSCFA and MoF	- Report suggesting social support measures. ¹⁷
2.2.3 Based on 2.2.1 and 2.2.3, develop an Action Plan for the future/national coverage of the reform (2026–2030), including actions and funding.	3rd year Months 30–36	MoSCFA MoE, MoH, MoF	Action Plan to reform ECI at national level in Greece.

¹⁵ This report should estimate the resources required for the next three years including personnel, training, materials, and equipment along with short-term and long-term impacts and an analysis of potential risks associated with the transition, including financial, operational, and reputational risks, and a plan for mitigating those risks.

¹⁶ This assessment can be included in the final Evaluation report of the RRF funded ECI pilot programme.

¹⁷ The cost-assessment report under 2.2.1 should be combined with estimating the costs and fiscal impacts of different service packages (like income support, vouchers for household chores, additional parental leaves etc.), with various scenarios of cut-offs of eligibility for publicly supported ECI to project public expenditures for different scenarios.

3. Early identification and referral

Introduction

Data from the research that was conducted in the framework of the Country Report show the following:

- the screening and referral system is underdeveloped and uncoordinated, with multiple entry points making it difficult for families to identify, enter, and access comprehensive ECI services;
- early intervention does not occur sufficiently early in Greece, as the early identification mechanism does not work efficiently for children who are at risk of delays or are currently not showing any delay. Although screening for disabilities in Greece exists as part of the established free access to the Public Health System for all citizens, disability identification (or risk of it) is usually not followed by referral to ECI services.

The main access point is the healthcare system, mainly the primary care paediatrician, who will refer the family to a developmental paediatrician, a child neurologist, or a paediatric psychiatrist, who in turn will identify what domains need to be tested. The parents then receive a formal diagnosis and a recommendation of what special services the child could benefit from, the number of special services the child should receive, and the discipline that should provide those services (e.g., speech-language pathologists, psychologists, occupational therapists, physical therapists).

Paediatricians might also refer families to a Medical/Pedagogical Centre or a Mental Health Centre, which provide early diagnosis, treatment, counselling and psychotherapeutic interventions, and psychosocial support for children, adolescents, and their families.

These centres are often understaffed and overloaded and do not offer holistic, coordinated ECI services.

Infrequently, experienced early childhood teachers in infant/childcare (vrefonipiakoi stathmoi) and childcare centres (paidikoi stathmoi) will detect signs of atypical development, developmental delay, or autism in children in their class, and they will flag this out to their parents and caregivers. Nevertheless, this is done informally. There isn't a protocol to help teachers identify high-risk children or a protocol of how to inform the parents of the need for a formal developmental assessment.

In practice, therapy prescriptions normally summarise the screening and referral process; however, parents are usually left alone to navigate the system and identify access points. Although public community centres are defined by Law (n° 1344/2019) as the 'local focal points for citizens' reception, service and interconnection with all social programmes and services' and are entitled to 'inform and/or refer citizens to welfare programmes', they commonly fail to guide parents that have obtained therapy prescriptions for their child and do not refer them to ECI service providers.

Families of children over the age of three years old will be advised to visit a Centre for Educational Support and Counselling (KEDASY) to identify possible special educational needs and support. KEDASY will not refer families to ECI programmes other than the ones operated by public entities that are supervised by the Ministry of Education.

Sometimes, parents themselves will detect developmental delays or atypical development in their child. All children born after 2016 receive a child health booklet developed by the Institute of Child Health¹⁸.

The booklet is very helpful and supports parents and paediatricians in the early identification of disability or delay, but it does not include access points to the system of services, nor does it provide a list of the available ECI programmes (not even public providers) to inform parents on how to obtain an official diagnosis and what to do after that.

In summary, at present, referral for ECI is rarely given "early" or on time. There is a lack of coordination among the different access points to the service system, the involved agents, services and ECI professionals, and after diagnosis, parents are left alone to identify therapists for their children.

The scope of the actions listed below serve, on the one hand, to facilitate families' access to the existing system of early screening, initial referral and developmental assessment and, on the other hand, to expand the current mechanisms by sensitising and training parents and professionals involved so that all children have timely access to the support they need.



¹⁸ The child health booklet ([Βιβλιάριο Υγείας Παιδιού](#)) contains detailed developmental milestones and guidelines to help parents and paediatricians to identify developmental delays in various areas (e.g. communication, motor skills, cognitive etc.) and not only in organic development.

Objective

Enable early identification of disabilities, developmental delays, or risk of them and develop clear pathways and timely access to appropriate support.

Milestones and actions

3.1 Map the national early identification, initial referral and developmental assessment system and facilitate access for families and children with support needs

Action	Timeline	Responsible authority	Indicator
3.1.1 Conduct a quantitative and qualitative mapping of the existing early identification, initial referral, and developmental assessment system at the national level that will also include children living without a supportive family environment (e.g., in refugee camps or residential care institutions) or belonging to vulnerable population groups (e.g., Roma children, children of imprisoned mothers) ¹⁹ .	1st year Months 7–12	MoSCFA dur-ing the RRF pilot pro- gramme	- Report with aggregated data for all existing public and private early identification, initial referral, and developmental assessment options at the national level.
3.1.2 Create a relevant online database with information about the available early identification, initial referral and developmental assessment options that will be constantly updated and easy to access and navigate for parents and carers.	2nd year Months 13–18	MoSCFA	- User-friendly searchable online database developed

¹⁹ Among other parameters, this mapping should record the average waiting time for a young child's developmental assessment in both public and private services when concerns arise about their development and compare this time with other European Countries, and United Kingdom.

3.2 Reinforce the early identification and referral system by broadening the base of professionals and agencies involved, focusing on the health and education sectors, with clarification of roles, responsibilities, and eligibility criteria, build capacity and ensure coordination between all actors involved from different sectors

Action	Time-line	Responsible authority	indicator
3.2.1 Create guidelines regulating early identification and referral to ECI services for children with or at risk of disabilities or developmental delays and their families, and defining principles, responsibilities, procedures, eligibility criteria and timelines to make referrals and receive support including maternity and paediatric hospitals, paediatricians, infant care (vrefikoi stathmoi), infant/childcare (vrefonipiakoi stathmoi) and childcare centres (paidikoi stathmoi) ²⁰ . This should include specific provisions for early identification of disabilities or developmental delays for children living without a supportive family environment or belonging to vulnerable population groups (see 3.1.1).	2nd year Months 13-18	MoSCFA through the RRF programme in collaboration with MoH and EOPYY	- Publication of the early identification and referral guidelines.
3.2.2 Define early identification and referral protocols for maternity and paediatric hospitals and neonatal intensive care units about how to initially support children and families and connect with ECI providers.	2nd year Months 19-24	MoH in collaboration with MoSCFA, MoE	- Early identification and referral protocols to be developed and adopted
3.2.3 Design and deliver training for maternity and paediatric hospitals and neonatal intensive care units professionals, especially for maternity nurses, on the early identification and referral protocols.	3rd year Months 25 - 36	MoH, MoSCFA, MoE	-Training materials -Training delivered to 50 hospitals with a balanced geographical range, including professionals in insular and remote areas

²⁰ Infant/childcare centres admit infants from the age of 2 months, on [certain conditions](#); or infants from the age of 6 months up to 4, and childcare centres admit children from the age of 2.5 years up to 4 years old.

For a graphic representation of ECEC in Greece see also the table at p. 3 of the ["Greece National Report"](#) developed under the Erasmus KA2 project "Embrace".



Action	Time-line	Responsible authority	indicator
3.2.4 Design and deliver training ²¹ for paediatricians ²² of the public and private sector on the early identification and referral protocols using the developmental milestones included in the Child Health ²³ Booklet published in 2017 by the Institute of Child Health and their revised version from the First Department of Paediatrics of the University of Athens.	3rd year Months 25-36	MoH, MoSCFA, MoE	-Training materials -Training delivered to 500 paediatricians with a balanced geographical range, including professionals in insular and remote areas
3.2.5 Inclusion of courses and practical training in ECI (e.g., early identification and referral, family-centred approach, family coaching) in the curricula of paediatrics in Medical Schools and the National Health System.	3d year Months 25-36	MoH, MoE In collaboration with MoSCFA	- Updated curricula for paediatrics in Medical Schools and the National Health System

²¹ About actions 3.2.3 and 3.2.4, considering the large number of professionals involved and their wide geographic dispersion, the choice of e-learning methods is suggested.

²² During the Action Plan roundtables conducted in the context of the ECI Greece project an intention for collaboration was expressed in this direction between the First Department of Pediatrics-Unit of Developmental and Behavioural Pediatrics and the Institute of Child Health. Also, the First Department of Pediatrics has sent a letter of intent to MoSCF (12.5.23) to confirm their intention to cooperate with the MoSCF in the training of pediatricians in aspects of child development and in the identification of neurodevelopmental difficulties.

²³ The training of paediatricians can be based on the [national guidelines for Primary Health Care professionals](#) which have been published by the Institute of Child Health and approved by the Central Health Council (2017). These guidelines include health assessment, developmental surveillance and anticipatory guidance in the manual "Developmental surveillance of children in primary health care"

Action	Time-line	Responsible authority	indicator
3.2.6 Operationalise and upscale the existing early identification programme Kypseli ²⁴ in coordination with the National Council for Early Years Education, which is responsible for its implementation ²⁵ aiming at supporting the early screening of developmental delays in infant care, infant/childcare and childcare centres ²⁶ .	1st, 2nd year Months 7 – 18	MoSCFA in collaboration with MoE, MoI	- Introduction of regular screenings of all infants and toddlers attending infant care (vrefikoi stathmoi), infant/childcare (vrefonipiakoi stathmoi) and childcare centres (paidikoi stathmoi)
3.2.7 Include courses on ECI (e.g., early identification and referral, family-centred approach, family coaching) in the curricula and in-service trainings of infant care (vrefikoi stathmoi), infant/childcare (vrefonipiakoi stathmoi) and childcare centres (paidikoi stathmoi) professionals.	3d year Months 25–36	MoSCFA and MoI In collaboration with the Council for Early Years Education	- Training materials on ECI developed for infant care, infant/childcare, and childcare centres professionals - Updated curricula and in-service trainings
3.2.8 Design training in the early identification guidelines with clear instructions and pathways for referrals of challenged infants and toddlers to further, formal assessment ²⁷ and plan actions to train all staff working in public and private infant care, infant/childcare, and childcare centres.	3d year Months 25–36	MoSCFA and MoI In collaboration with the Council for Early Years Education	- Training materials on early identification guidelines developed for infant care, infant/childcare, and childcare centres professionals - Updated curricula and in-service trainings.

²⁴ The Kypseli programme is about upgrading of the quality of services provided in infant care (vrefikoi stathmoi), infant/childcare (vrefonipiakoi stathmoi) and childcare centres (paidikoi stathmoi). (Law 4837/2021).

²⁵ The National Council for Early Years Education, responsible to conduct scientific research and study of the operation of infant care, infant/childcare, and childcare centres, as well as to provide ongoing scientific and technical support for the design and implementation of the Kypseli programme, was established by Ministerial Decision 13604, of 10/3/2022.

²⁶ The use of the already developed screening tool for preschool teachers created in parallel with the Kypseli programme is suggested.

²⁷ The use of the already developed screening tool for preschool teachers created in parallel with the Kypseli programme is suggested.

3.3 Develop and disseminate awareness materials and activities for parents and communities about early identification, quality ECI provisions, and parent empowerment.

Action	Timeline	Responsible organisation	Indicator
3.3.1 Develop awareness-raising materials and deliver awareness-raising activities at a community level to promote the necessity for the early identification of developmental delays and the quality of ECI provision. ²⁸	2nd year Months 13-24	MoSCFA	- Awareness and promotional materials (e.g. leaflets, posters, etc.) developed and offered in Social Welfare Centres, Municipalities, Community Centres, Citizens' Service Centre, private paediatric clinics, maternity and paediatric hospitals, neonatal clinics – Awareness-raising activities completed in all Social Welfare Centres, and the relative municipalities.
3.3.2 Design and deliver training and awareness-raising materials and activities ²⁹ , including peer support groups, especially targeting parents to empower them to identify timely issues of concern for their children ³⁰ .	2nd year Months 13-24	MoSCFA through the RRF programme	- Awareness and promotional materials targeting parents developed and activities completed

²⁸ It is suggested to use the relevant awareness-raising material produced in the framework of the ECI Greece project (factsheet, video, website etc.).

²⁹ Awareness-raising materials and activities can include:

- a. Brochures and pamphlets providing information about the benefits of ECI,
- b. Videos highlighting the importance of early intervention, featuring interviews with professionals, families, and children. These videos can be shared on social media, websites, and during community events.
- c. Online Webinars providing information on early intervention services, the importance of family-centred approach, and strategies for supporting children with disabilities or developmental delays.
- d. Public Community events such as workshops, seminars, and fairs providing families with the opportunity to learn more about early intervention, connect with professionals, and meet other families.
- e. Social media campaigns promoting awareness about ECI.

Awareness-raising materials should include personal stories from families who have experienced early intervention services to engage and inform the public.

³⁰ This may include the further dissemination of the UNICEF Bebbio mobile app designed to reach and support parents of children, aged 0-6 years to receive timely and quality guidance with comprehensive, evidence-based information and interactive tools to cover a wide range of children's health and development. It may also include the adaptation in Greek of the questionnaire "Ages and Stages (ASQ-3)", which can be completed by any parent with or without support from a professional, and its dissemination through paediatricians, health professionals and the ECI website mentioned in the Action 2.4 of chapter 3 of this Action Plan.

3.4 Ensure equitable availability of early identification and referral with a focus on geographical coverage and affordability.

Action	Time-line	Responsible organisation	Indicator
3.4.1 Increase the staff capacity of social services of municipalities both in terms of the number of professionals and in terms of the training in ECI principles to be able to conduct initial screening at the local level and make appropriate referrals of challenged infants and toddlers to further formal assessment.	2nd, 3rd year Months 13–36	MoSCFA, Mol	- Number of children with or at risk of disability or developmental delays referred to ECI services through the social services of municipalities.
3.4.2 Create an ECI department in all Social Welfare Centres of Greece to function as regional focal points for ECI, providing initial screening, assessment, and support services to families with children with disabilities or developmental concerns.	2nd, 3rd year Months 13–36	MoSCFA	- ECI departments established and functioning in all Social Welfare Centres throughout Greece.
3.4.3 Train social services staff in Community Centres, municipalities and ECI departments of Social Welfare Centres on early identification guidelines and connection with ECI services.	3rd year Months 25–30	MoSCFA In collaboration with Mol	- Training materials developed. - Attendance records for the training.
3.4.4 Train health professionals working in Health Centres, Local Health Units (TOMY) ³¹ and Child and Adolescent Mental Health Units (TOPSIPE) on early identification guidelines and connection with ECI services ³² .	3rd year Months 25–30	MoSCFA In collaboration with MoH	- Training materials developed. - Attendance records for the training.
3.4.5 Analyse the steps and requirements for the creation of a remote early intervention service model with the use of new technologies that will address the needs of children and families living in rural, insular, and remote areas. This will inform the creation of the Action Plan for the national rollout (2.2.3).	3rd year Months 19–24	MoSCFA	- Lessons learned from the RRF pilot implementation. - Exchange of good practices from other countries.

³¹ About actions 3.3 and 3.4, considering the large number of professionals involved and their wide geographic dispersion, the choice of e-learning methods is suggested.

³² The training of health professionals can be based on the national guidelines for Primary Health Care professionals which have been published by the Institute of Child Health and approved by the Central Health Council (2017). These guidelines include health assessment, developmental surveillance and anticipatory guidance in the manual "[Developmental surveillance of children in primary health care](#)"

4. Provision of family-centred ECI services

Introduction

Research under the ECI Greece project showed that all the components of an ECI system are present in Greece but are not structured as an integrated ECI system. Different services are available for children with disabilities and their families, delivered by both the public and private sectors in the areas of health, social welfare, and education.

Although many providers offer high-quality services and employ qualified staff, the lack of framework generates confusion on what an ECI system entails for both providers and families. Furthermore, the dominant approach is limited to a medical perspective focusing on children's deficits rather than building on their strengths and promoting inclusion and participation of children in family and community life.

When coming to assessment procedures, in both the health and education sectors, the assessment tools used by early intervention services are scientifically tested with high validity and reliability measures. Nonetheless, assessment is often focused solely on the child. Family-friendly assessment tools that can provide the necessary information about family aspirations, priorities, stressors and strengths, issues that are of major importance for a family-centred approach, are missing. In the case of early intervention services operating in the social sector, there is a great deal of heterogeneity, such that different providers follow different assessment procedures. Some families thus receive services from more than one provider following different approaches.

Professionals working in ECI services in Greece are often very competent in their field of expertise but rarely adequately trained in the principles of a comprehensive family-centred ECI model. Research highlighted the lack of ongoing training and supervision, the lack of coaching skills to support professionals to interact effectively with parents by building their capacity to engage in their child's learning process and the need to promote ecological, transdisciplinary models of collaboration. Currently, according to the research conducted under the ECI Greece project, there are no training or continuing education programmes focusing on family-centred ECI and no accredited certification process for the professional development of ECI providers.

To sum up, the primary issues of the ECI provision in Greece highlighted through research and consultations are:

- Unequal availability and accessibility of ECI programmes at a national, municipal, and regional level;
- Lack of training on family-centred values, principles, and methodologies;
- Lack of standardised procedures for engaging families in the initial assessment, the decision-making, the development, and monitoring of individualised family support plans;
- Lack of uniform quality standards and regulations for ECI providers;
- A medical approach is often dominant; therefore, families' needs, priorities, and resources are not at the centre of the intervention.

Objective

Develop a system of quality early intervention services, ensuring the best practice family-centred approaches are embedded across all services.

Milestone and actions

4.1 Conduct a comprehensive survey of the current state of play, of children with disabilities of developmental delays receiving early intervention provisions and of the existing services available at the local and international level

Action	Timeline	Responsible organisation	Indicator
4.1.1 Map existing public and private providers offering ECI services and individual therapies to children with disabilities or at risk of developmental delays.	1st year Months 6–12	MoSCFA through the RRF programme In collaboration with MoH	- Report with aggregated data on the number of existing public and private sector services offering early intervention and therapies to children 0–6 ³³ .
4.1.2 Data collection through the EOPYY system on children 0–6 years old receiving therapies with data on their number, ages, diagnoses, and type of therapies offered.	1st year Months 6–12	MoSCFA In collaboration with MoH	- Aggregated and specialised data on children 0–6 receiving therapies.



³³ The mapping of existing services should include data on their geographical distribution, the number of users, the types of services offered, and the number and specialties of employees.

4.2 Ensure that ECI services are of high quality, effective, and reflect the needs of families and children.

Action	Timeline	Responsible organisation	Indicator
<p>4.2.1 Create a set of operational standards for ECI services³⁴ that are based on national and international evidence-based research and underpinned by the key principle of family-centred practice³⁵. These standards should cover the whole circle of ECI provision from the initial assessment, the development, monitoring and implementation of the IFSP³⁶ to the planning of the transition to the following services after ECI³⁷. These standards should include measures to ensure ECI is based on the best interest and participation of the child (e.g. child-friendly methods of interventions and taking into account children's views, including emotional reactions and non-verbal cues of resistance needs).</p>	<p>1st year Months 9–12</p>	<p>MoSCFA through the RRF programme</p>	<p>- A set of standards for ECI services validated by the MoSCF and representatives of the families and service providers. - A certified repository of assessment tools that address the needs of children with various support needs and assessment tools for the whole family context³⁸.</p>
<p>4.2.2 Define a body and a procedure to certify, monitor and evaluate family-centred ECI services.³⁹</p>	<p>2nd year Months 13–18</p>	<p>MoSCFA</p>	<p>- Monitoring body established and functioning.</p>
<p>4.2.3 Create a register of certified family-centred ECI providers with specific quality standards for the provision of the services. This register would indicate the services eligible for RRF funding in the first phase and for national and other European funding in the second phase.</p>	<p>2nd year Months 19–24</p>	<p>MoSCFA</p>	<p>- Register of family-centred ECI providers established.</p>

³⁴ Operational standards should be developed both for existing public and private centres providing individual therapies and for providers to be certified as family-centred early intervention services (see action 3.2.3). You can find further information about this, in the Country Report on ECI in Greece (chapter 1.6).

³⁵ The role and the specific requirements for family home visits should be clearly described in the set of Standards as an essential part for a holistic family-centred, early intervention system.

³⁶ It should be legally defined that the IFSP is a written document that binds services, professionals, and parents and holds the service providers accountable for recording, monitoring, and following up over time.

³⁷ In the set of Standards the key role of the case manager / coordinator should be clearly defined as the professional that is chosen to be a consistent point of reference, to take over regular contact with the family, to be responsible for the implementation of the IFSP and to mediate the family relationships with the whole team of professionals and with other services or relevant authorities.

³⁸ E.g., intake checklist, FINESSE, Goal Functionality Scale III, SHoRE, RBI interview, Ecomap (R. McWilliam, 2010).

³⁹ This role can be undertaken by the monitoring mechanism to be set up in the context of the RRF funded ECI pilot programme.

Action	Timeline	Responsible organisation	Indicator
4.2.4 Regular updates of the website created in the framework of the ECI Greece project to be used as a focal point for family-centred ECI in Greece and will gather resources for parents and professionals interested in ECI (training materials, lists of available services, awareness-raising materials etc.).	Ongoing	MoSCF	- Website finalised and operating ⁴⁰ . - Number of users.

4.3 Ensure that all children from 0 to 4 with or at a risk of disabilities or developmental delays are able to participate in mainstream, high-quality ECEC.

Action	Timeline	Responsible organisation	Indicator
4.3.1 Develop educational guidelines ⁴¹ for ECEC teachers of children from 0-4 with a chapter on the inclusion of children with or at risk of disabilities or developmental delays.	Months 13-24	MoSCF In collaboration with MoE and MoI	- Guidelines developed.
4.3.2 Ensure collaboration between teachers of infant/childcare, childcare centres and ECI professionals involved in the support of children with or at risk of disabilities or developmental delays.	Months 13-24	MoSCF In collaboration with MoI	- Develop a protocol of collaboration between ECEC teachers and ECI professionals.

⁴⁰ The sustainability and maintenance of the website depend on funding outside the ECI project after its end.

⁴¹ At present, there are no educational guidelines for ECEC settings for children under the age of 4.

4.4 Build workforce capacity and ensure that all ECI professionals are aware and trained about the principles and practices of family-centred ECI.

Action	Timeline	Responsible organisation	Indicator
4.4.1 Make the UNICEF online platform LearnECD, for personal learning and training of students and professionals working with families with young children, available in Greek ⁴² .	2nd year Months 7–12	MoSCF in collaboration with UNICEF	- Number of professionals using the platform.
4.4.2 Create Professional curricula for family-centred ECI professionals (university / VET) ⁴³ .	2nd year Months 13–18	MoE in collaboration with MoSCF	- Professional curricula developed.
4.4.3 Organise a certified training on Family-centred ECI procedures, including routine-based intervention, assessment, and IFSP and ensure that regular, ongoing training sessions are delivered to ECI professionals.	2nd year Months 13–18	MoSCF through the RRF	- Comprehensive ECI training material and training schedule developed. - Attendance records for the ECI training.
4.4.4 Create a pool of certified trainers in charge of Family-centred ECI on-the-job training and provide tutoring/coaching services for ECI professionals. ⁴⁴	2nd year Months 19–24	MoSCF	- Pool of certified ECI trainers established.
4.4.5 Develop an accredited professional profile for ECI professionals, including a formally established ongoing accreditation procedure.	3rd year Months 25–32	MoSCF in collaboration with EOPPEP, the National Organisation for the Certification of Qualifications & Vocational Guidance	- Accredited professional profile developed with clear training, examination, and certification requirements.

42 The [LearnECD platform](#) includes a foundational course on family-centred ECI which facilitates rich, flexible, online interactive self-paced learning. The course is addressed to professionals/ practitioners but also to ECD students, medical students, psychology students etc. It offers a good starting point for broadening the knowledge about ECI that can complement other learning opportunities within a continuous professional learning process offered to professionals transitioning to family centred ECI.

43 The goal is to establish University and VET curricula for future ECI professionals and additionally to integrate the ECI element in the existing curricula addressing social workers, psychologists, medical staff, educators etc.

44 To this end, the one-year training provided in the framework of the ECI Greece project to professionals of seven selected pilot organisations and the experience of its implementation, should be capitalised on by making use of the training material produced and involving the professionals trained.

5. Indicative timetable

Action Plan chapters, milestones, and actions	Year 1				Year 2				Year 3			
	1-3	4-6	7-9	10-12	13-15	16-18	19-21	22-24	25-27	28-30	31-33	34-36
1. Inter-sectoral cooperation towards a holistic family-centred ECI system												
1.1 Set procedures for inter-ministerial cooperation and coordination for the implementation of the Action Plan.												
1.1.1 Create a multi-sectoral ECI committee												
1.1.2 Define and agree on guiding values in the implementation of the ECI Greece Action Plan												
1.1.3 Define clear tasks, responsibilities, and monitoring procedures for the Committee												
1.1.4 Define coordination protocols												
1.2 Define responsibilities and functioning of the future ECI system and steps for the transition to the new family-centred model												
1.2.1 Family consultation												
1.2.2 Discuss and agree on the concrete functioning of the future family-centred ECI system in Greece												
2. Funding and sustainability												
2.1 Secure funding for the implementation of the Action Plan												
2.1.1 Assess the costs for the Action Plan not RRF funded and identify resources to ensure their implementation.												
2.2 Secure the continuation and financial sustainability of the reform after the end of the Action Plan timeline.												

Action Plan chapters, milestones, and actions	Year 1				Year 2				Year 3			
	1-3	4-6	7-9	10-12	13-15	16-18	19-21	22-24	25-27	28-30	31-33	34-36
2.2.1 After the end of the RRF pilot, develop an evaluation of the pilot and cost assessment report												
2.2.2 Identify measures to support families receiving ECI services												
2.2.3 Develop an Action Plan for the future of the reform												
3. Early identification and referral												
3.1 Map the national early identification, initial referral and developmental assessment system and facilitate access.												
3.1.1 Conduct a mapping of existing early identification, initial referral, and developmental assessment system												
3.1.2 Create a relevant online, constantly updated database easy to access and navigate for parents												
3.2 Reinforce the early identification and referral system.												
3.2.1 Create identification guidelines regulating early identification and referral for ECI service												
3.2.2 Define early identification and referral protocols for maternity hospitals												
3.2.3 Design and deliver training for maternity hospitals and neonatal intensive care units professionals												
3.2.4 Design and deliver training for paediatricians												
3.2.5 Inclusion of courses and practical training in ECI in the curricula of paediatric schools												

Action Plan chapters, milestones, and actions	Year 1				Year 2				Year 3			
	1-3	4-6	7-9	10-12	13-15	16-18	19-21	22-24	25-27	28-30	31-33	34-36
3.2.6 Operationalise and upscale the existing early identification programme Kypseli												
3.2.7 Include courses on ECI in the curricula and in-service trainings of ECEC teachers												
3.2.8 Design training in the early identification guidelines and plan actions to train all staff working in infant care, infant/childcare, and childcare centres												
3.3 Develop and disseminate awareness materials and activities for parents and communities about early identification, quality ECI provisions, and parent empowerment.												
3.3.1 Develop awareness-raising materials and deliver awareness-raising activities at community level												
3.3.2 Deliver awareness-raising activities, especially targeting parents												
3.4 Ensure equitable availability of early identification and referral.												
3.4.1 Increase the staff capacity of social services of municipalities												
3.4.2 Create an ECI department in all Social Welfare Centres of Greece												
3.4.3 Train social services staff in municipalities and ECI departments of Social Welfare Centres on early identification guidelines												
3.4.4 Train health professionals working in Health Centres and Local Health Units (TOMY) on early identification guidelines												

Action Plan chapters, milestones, and actions	Year 1				Year 2				Year 3			
	1-3	4-6	7-9	10-12	13-15	16-18	19-21	22-24	25-27	28-30	31-33	34-36
3.4.5 Develop research to analyse the steps and requirements for the creation of a remote early intervention service model												
4. Provision of family-centred ECI services												
4.1 Conduct a comprehensive survey of the current state of play early intervention provisions in terms of providers and recipients.												
4.1.1 Map existing public and private providers offering ECI services and individual therapies												
4.1.2 Data collection through the EOPYY system on children 0–6 years old receiving therapies												
4.2 Ensure that ECI services are of high quality, effective, and reflect the needs of families and children.												
4.2.1 Create a set of operational standards for ECI services												
4.2.2 Define a body and a procedure to certify, monitor and evaluate family-centred ECI services												
4.2.3 Create a register of certified family-centred ECI providers with specific quality standards for the provision of the services.												
4.2.4 Regular updates of the website created in the framework of the ECI Greece												
4.3 Ensure that all children from 0 to 4 with or at risk of disabilities or developmental delays are able to participate in mainstream, high-quality ECEC.												

Action Plan chapters, milestones, and actions	Year 1				Year 2				Year 3			
	1-3	4-6	7-9	10-12	13-15	16-18	19-21	22-24	25-27	28-30	31-33	34-36
4.3.1 Develop inclusive educational guidelines for ECEC teachers												
4.3.2 Ensure collaboration between ECEC teachers and ECI professionals												
4.4 Build workforce capacity and ensure that all ECI professionals are aware and trained about the principles and practices of family-centred ECI.												
4.4.1 Make the UNICEF online platform LearnECD available in Greek												
4.4.2 Create Professional curricula for family-centred ECI professionals												
4.4.3 Organise a certified training on Family-centred ECI procedures												
4.4.4 Create a pool of certified trainers in charge of family-centred ECI on-the-job training												
4.4.5 Develop an accredited professional profile for ECI												



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