



# EALY CHILDHOOD INTERVENTION SERVICES IN EUROPE

**Key concepts and selected models**

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The present document briefly describes the key features of contemporary early childhood intervention services and presents examples of their organization in a few selected countries. In respect to the latter, it shall be noted that while the examples of Portugal and Georgia refer to established systems of early childhood intervention, while Serbia is in a process of defining the regulatory framework and key structures for early childhood intervention.

## Defining early childhood intervention services:

The primary target group for ECI services are children 0-3 or up to 7 years of age who are at risk of or have developmental delays, disabilities and/or behavioural or mental health needs.

Early childhood intervention is a unique form of support building on neurosciences and the advances of the knowledge on brain functions, including the cerebral plasticity, as well as the critical role of child-caregiver relationships and interactions for optimal child development. These perspectives highlight the importance support to be delivered during the first years of life (particularly during the first 3 years of life), when the developing brain has highest plasticity and potential for adaptation, as well as interventions to focus on the entire family, not only the child, enabling caregivers to gain competencies and resources to enhance the development of their child through daily interactions<sup>1</sup>.

**ECI SERVICES ARE DEFINED BY THE EUROPEAN AGENCY FOR SPECIAL NEEDS AND INCLUSIVE EDUCATION ([HTTPS://WWW.EUROPEAN-AGENCY.ORG/](https://www.european-agency.org/)) AS:**

*“a composite of services for very young children and their families, provided at their request at a certain time in a child’s life, covering any action undertaken when a child needs special support to: a) ensure and enhance her/his personal development, b) strengthen the family’s own competences, and c) promote the social inclusion of the family and the child. These actions are to be provided in the child’s natural setting, preferably at a local level, with a family-oriented and multi-dimensional teamwork approach”*

The traditional approaches to support for children with developmental delays and disabilities include provision of services in rehabilitation hospitals and centres where children are served individually and intensively with a focus on alleviating/ addressing their “deficits” created by disability or another condition, usually without the presence or the participation of the parents/caregivers. In their majority, interventions are based on medical protocols and mainly delivered by medical staff. In contrast, contemporary ECI services involve, support and empower parents to engage in interactions with the child that enhance development. Their main goals are to improve child skills and development, reduce the impact of disability, and enhance parental competencies and overall quality of life. ECI does not seek to “cure the child” but to help children with differing abilities attain their full developmental potential<sup>2</sup>.

## Key features of the ECI services:

ECI services and systems seek to identify and support children as infants or as early in life as possible, preferably during the first weeks or months of life, and well before 3 years of age. In this respect establishing a system for monitoring of child development as part of the routine health care services for children is critical to detect risks for child development, as well as delays and disabilities.

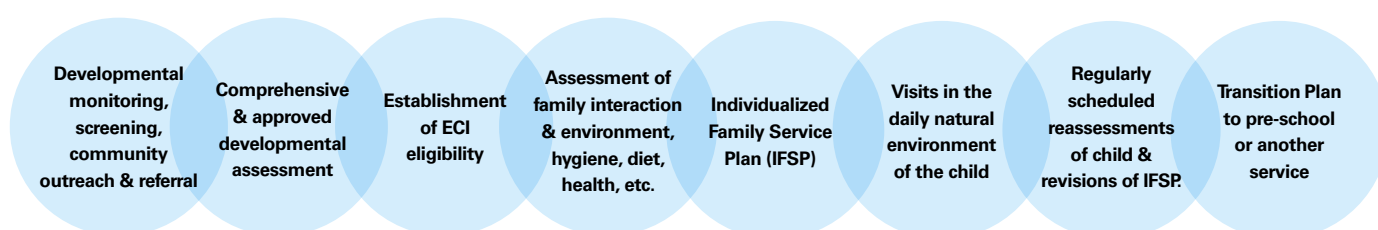
- ECI services are focused both on the child and her/his caregivers.
- ECI services are **individualized** i.e. the support is tailored to the individual strengths and needs of every child and family.
- ECI services are **intensive**: according to the needs of each child and family, the designated member of the ECI team provides scheduled visits to families in the natural environment of the child, which is usually the child’s home.

<sup>1</sup> Eurlaid. (2016). Recommended practices in Early Childhood Intervention: A Guidebook for professionals.

<sup>2</sup> Vargas-Baron, E. Diehl, K. and Kakabadze N. (2022). Methodological Guide: Research for National Situational Analysis on early Childhood intervention

- ECI services are **team-based and transdisciplinary**: to address the diversity of family contexts and needs, services employ two or more specialists from different disciplines and sectors (medical doctors, physical therapists, speech therapists, psychologists, special educators, social workers, etc.) in a transdisciplinary team around the family and the child. The team members together with the parents conduct joint comprehensive assessment of the child and family needs and develop a plan for support. The work with the family is carried out by only one professional, supported and guided by the remaining members of the team.
- ECI services include the sectors of education, health, child protection and child welfare. For this reason, **ECI systems and organizations are always integrated across sectors and disciplines to provide one united service to families and their children**
- **ECI is family-centred and child-focused**. Parents are key actors, deciding on the goals for their child, participating in the development of individualized plans and delivering ECI services in home settings in collaboration with the ECI professionals in responding to their child's and their own needs.

### ECI SERVICE PROVISION INCLUDES ALSO THE FOLLOWING MAIN ELEMENTS <sup>3</sup>



A list of essential services is provided in an Annex to the present document.

## Selected examples of ECI services and systems in Europe

### PORTUGAL <sup>4</sup>

The first Early Intervention Programs in Portugal emerged in the 80-90's of the last century. At present the system is considered an example of true inter-disciplinary model implemented through coordinated action of the Ministry of Health, the Ministry of Social Policy, and the Ministry of Education.

**Legal basis:** The National Early Childhood Intervention System in Portugal was formally established with a decree-law in 2009. The law and technical guidance define the philosophical model underpinning the system and ECI practice, system structures and organization, children eligible for services, responsibilities of the sectoral ministries, as well as the technical tools to support the work of the local ECITeams.

**Target group/eligibility criteria:** The system is targeting "the development conditions of children aged 0-6 years old, with body functions or structures that limit their personal and social growth and participation in age-appropriate activities, as well as of children in serious risk of developmental delay." Children at serious risk of developmental difficulties include children for whom biological or environmental conditions (4 or more accumulated factors are required), which imply a high probability of significant delay in child development, are present.

The ECI system aims to identify all children falling into the above groups, and to intervene after detection and referral, based on the needs and the family context of every eligible child, aiming for prevention or reduction of delays in their development. It also aims to support access of families to services and resources appropriate to their situation.

**Focus and scope of ECI services:** ECI services and the system is coordinated and organized from a family perspective, considering the contribution of the family for child development, as well as stress factors that affect the family (social, financial, psychological) and its ability to support the child i.e. the family is considered a critical element in planning and

<sup>3</sup> Vargas-Baron, E. Diehl, K. and Kakabadze N. (2022). Methodological Guide: Research for National Situational Analysis on early Childhood intervention

<sup>4</sup> The following literature is used to describe the model in Portugal: Dr. Jose Boavida. (2022). Presentations delivered during a webinar series organized by UNICEF in partnership with Eurlayid, as well as Eurlayid. (2016). Recommended practices in Early Childhood Intervention: A Guidebook for professionals.

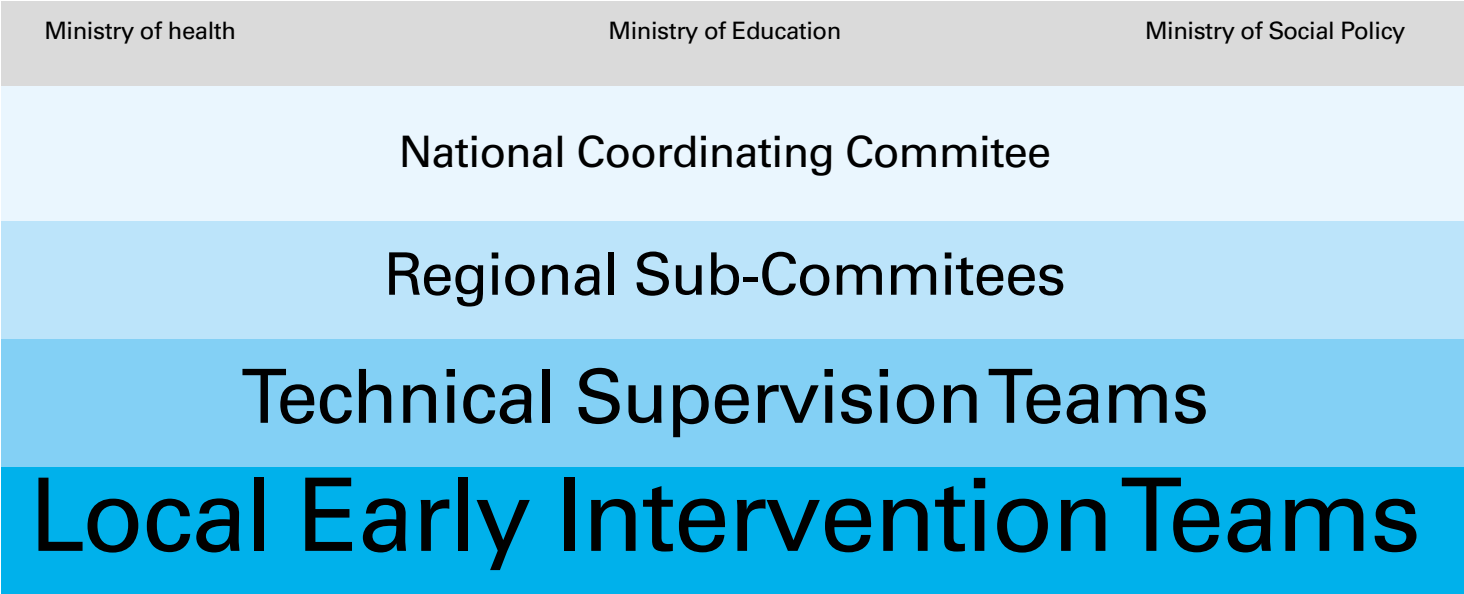
provision of services. Thus, the services aim to enhance both the child’s and caregivers’ competence, skills, and confidence. Services are delivered in the child’s natural environment – home, playground, kindergartens, etc. in which ECI professionals are working collaboratively with families to develop and implement a plan that supports the family.

**Organisation and key structures of the system:** 156 local – community-based Early Childhood Intervention (ECI) Teams across the country are delivering support to eligible children and their families. To address the wide spectrum of conditions at the level of the child and diversity of social and family context, the ECI Teams consist of representatives of the three key sectors – health (medical doctors, nurses, therapists), social welfare (social workers) and education (pre-school support teachers, special educators, psychologists). Each Ministry is responsible for allocation of professionals to the local intervention teams. The work with the family is carried out by only one professional, selected in accordance with the dominant support needs of the child and family, supported by the remaining members of the team. The local teams are predominantly located in the primary health care centres.

Apart from the ECI teams that deliver direct support to families, the system includes 18 Technical Supervision Teams at district level. Technical supervision teams are responsible for providing technical support to the local teams, as well as monitoring their professional development and quality of service provision (eligibility criteria, transdisciplinary practice, etc.)<sup>5</sup>.

Coordination between the sectors is ensured through designated coordination structures as envisioned by the law. A National Coordinating Committee, consisting of two representatives from each of the three ministries and chaired by a representative of the Ministry of Social Policy, develops the general policies related to early childhood intervention. There are 5 intermediate structures (regional level), consisting of representatives from the three key ministries, that ensure the implementation of these policies on the ground and provide coordination and supervision of local team’s operations. They are responsible for managing human, material, and financial resources, for collecting and updating information between the national and the local level, as well as for planning, organizing, and coordinating the actions of the local intervention teams.

**Division of responsibilities between the key ministries:** The Ministry of Social Policy is responsible for chairing and overall coordination of the system, as well as for ensuring professionals from the sector for the local ECI teams or contracts additional professionals in case they are not available from other sectors (occupational, speech and language therapists and psychologists) The Ministry of Health through the primary health care services is responsible for detection of developmental difficulties (screening) and referral of eligible children to local ECI teams, and if appropriate, simultaneous referral to Child Development Centres in pediatric departments (situated in designated hospitals) for specialized developmental assessment. The Child Development Centres make diagnosis or carry out complementary tests and referral to other specialty consultations (genetic, ophthalmology, orthopedics, etc.). In addition, the Ministry of Health allocates human resources for the local ECI teams, as well as participates in the coordination structures at national and regional level. The Ministry of Education participates in all structures of the system, including through allocation of staff to local ECI teams (with educators and special educators).



<sup>5</sup> Despite the provisions in the law, the TST are mainly monitoring to what extent the ECI system’s manual for provision of services to families is adhered to. Only North and Centre regions made protocols for cooperation with universities to ensure professional development and reflective supervisions of ECI staff.





**Funding:** ECI services are free of charge for families. According to the legal arrangements, each of the participating ministries ensures the implementation of the components of the systems it is responsible for, including for covering the cost of staff allocated to the local ECI Teams, Technical Supervision Teams, as well as the coordinating bodies.

In case of local ECI teams, the sectoral ministries ensure funding and/or allocate human resources:

**MINISTRY OF HEALTH:**

- Funds health care services, including screening, diagnostics, specialised consultations, etc.
- Allocates human resources among health system employees (medical doctors, nurses, therapists) as members of local ECI teams.

**MINISTRY OF SOCIAL POLICY:**

- Secures availability of human resources and funding from their sector for local ECI teams, including through “ECI cooperation protocols”, which contract civil society organisations or private providers.

**MINISTRY OF EDUCATION:**

- Allocates human resources among education system employees to ECI teams (special educators or psychologists).

## SERBIA

Serbia is in a process of developing a national ECI system through a cross-sectoral model similar to the model established in Portugal. The model for early childhood intervention was agreed by the key relevant ministries – Ministry of Health, Ministry of Education and Ministry of Social Policy in 2019. The implementation of the ECI model with family-centered approach started with piloting in 5 locations, expanded to 19 municipalities in 2022 and aims for the national scale up.

**Legal basis:** The national program for Early Childhood Development (adopted in 2016), includes a reference to ECI and recently inter-ministerial special Working Group was established by the Prime Minister and led by the Ministry of Health, to implement this National Program. This WG is currently coordinating the developments related to ECI, including identifying the needs for changes in the existing legislation with a view of improving access to and quality of inter-sectorial early childhood intervention services for children with developmental delays and disabilities and their families. A proposal for changes in relevant health by-laws was already developed and is awaiting endorsement by the Ministry of Health. The envisioned legal changes should increase number of professionals employed by the health sector who will serve as members of local ECI teams to enable expansion of the service to the whole country

During the piloting phase, collaboration and contributions of all three sectors at the local level are agreed through intersectoral protocols signed between local primary health centres, kindergartens and social welfare centers. While ECI teams are “housed” within PHC facilities, ECI team members come from all three sectors like in the case of Portugal.

Detailed guidelines for service provision at local level are available for the purpose of piloting ECI services. Signed protocols also cover exchange of information, knowledge, experiences, joint learning, planning and support to families.

**Target group and eligibility criteria:** Target group of early childhood intervention in Serbia are children aged 0-6 years, with a specific focus on children 0-3 years, who have developmental delays, difficulties and disabilities, or who have a high probability of developing a delay before the start of school due to malnutrition, chronic illness or other biological or environmental factors. Children are identified through outreach through home visiting nurses, collaboration with neonatal units and maternities, and through screening and early identification of risks and developmental delays within regular pediatric check-ups.

**Scope and focus of ECI services:** Family-centered Early childhood interventions are inter-sectoral, transdisciplinary and integrated services aiming to support children to reach their maximal developmental and learning potentials and functional capacities.

The child and the family are at the center of the ECI services. Services focus on the child and the family as a whole aiming to enhance child development and improve quality of life of the family. They aim to:

- identify children with developmental delays and disabilities as early as possible, as well as children who are likely to develop delays (e.g. due to the existence of developmental risks), in order to help them realize their potential and provide support for the preservation of family and quality of life;
- increase the meaningful participation of the child in the life of the family and community through the development of functional skills, independence, relationships with others in the immediate and wider environment;
- prevent and/or reduce the impact of secondary developmental disabilities (which occur due to exposure to developmental risks);
- promote positive dispositions for learning and lay the foundation for inclusive education and lifelong learning.

**Organisation and key structures of the system:** The country is moving toward an inter-sectoral model similar to the model implemented in Portugal, relying on existing resources within the three relevant systems – health (as lead), preschool education and social welfare, including local self-governments. At present, ECI teams are established at local level in selected pilot localities, and they are based in district level primary health care centers, within Developmental Counselling Units. The ECI teams are transdisciplinary, cross-sectoral consisting of professionals from the three systems, depending on the local context and availability of human resources.

The Development Counselling Units, have a role to coordinate ECI teams and their work.

Support to the family is provided by the ECITeam through home and kindergarten visits, conducted by one of the members assigned as primary service provider for the family.

**Division of responsibilities between the key ministries:** At present, the Ministry of Health is taking a lead role in the establishment of ECI services but the longer vision is to ensure the full involvement of the other key ministries. The Ministry of Health is responsible for ensuring identification of eligible children, their referral to ECI teams as well as for making available human resources (nurses, doctors, psychologists, therapists) for the transdisciplinary ECI teams providing direct support to children and their families.

The educational system provides human resources for ECI teams out of employees in their system (preschool teachers, nurses, special educators, speech and language therapists).

The social welfare centres governed and funded by the Ministry of Social Policy are allocating social workers with a share of their time as ECI team members.

**Funding:** At present, the funding is ensured through the regular budgets allocated for human resources in existing services in the three systems. The activities implemented by the health care system (screening, referral and early childhood intervention through the local teams) are covered by the Ministry of Health through existing funding allocations (i.e. specific time of employed professionals is allocated for ECI related activities). While funding for professionals from education and social welfare sectors in the pilot locations also comes from the regular allocations for their salaries, legal changes are needed to fully legislate new job descriptions and share of time to be allocated to ECI services.

One ECI team should support all eligible children from their catchment district overcoming the issue of availability of specialized professionals in smaller municipalities.

## GEORGIA <sup>6</sup>

The first ECI model was developed in 2011 by a working group consisting of all key stakeholders which in 2016 became the civil society Coalition for Early Childhood Development. The Ministry of IDPs from the occupied territories, labour, health, and social affairs of Georgia (MOH) in collaboration with the national Coalition led on the national scale up of ECI services. As of 2022, family-centred early intervention services are available in 8 regions out of 10 in Georgia with 53 organisations providing ECI.

**Legal basis:** In 2017 the Parliament adopted a decree on Early Childhood Intervention (ECI) and Training Program for ECI workforce. In 2018, the ECI State Action Plan (2018-2021) was adopted, followed by a decree on establishing an inter-sectoral, inter-agency working group to oversee the implementation of the Action Plan. Legal basis for ECI service provision is provided by the Early Childhood Development Support Sub-program that is a part of the State Social Rehabilitation and Child Care Program, carried out by MOH. The Government has also approved Standards for ECI, which define the minimum standards for practice and are applicable to all ECI providers. Licensing procedures, as well as training models for ECI service providers are also adopted.

**Target group and eligibility:** ECI is focused on children 0-7 years of age who are at risk or with developmental delays or disabilities with specific attention to 0-3 years of age sub-group. Eligibility is established with a medical certificate issued by the child's family doctor (no need for disability certificate) confirming the risk of developmental delay or disability.

**Focus and scope of ECI services:** ECI is a process that includes the identification, assessment, planning and provision of services for children from birth to seven years, with an emphasis on the birth to three age group, along with their families and caregivers. ECI services aim to improve children's development and prevent developmental delays and disabilities due to risk factors in the family or home environment. Services are provided focusing on the child and the family and are provided in the child's natural environment.

**Organisation and key structures of the system:** Since 2012 ECI has been organized and funded by the Ministry of IDPs from the occupied territories, labour, health and social affairs of Georgia (MOH). Health care institutions, social service, pre-schools, or other relevant entities can refer children to ECI services. Parents having concerns for their child development can self-refer. The State Social Agency, based on medical certificate confirming the risk of developmental delay or disability, recommends and refers the child for enrolment in ECI services.

Services are provided by civil society organizations that are licenced as ECI providers and their trans-disciplinary teams, through visits to the child's natural environment. The local authorities have the responsibility to organise local social services.

**Funding:** Funding is ensured by MOH. The Social Service Agency under MOH manages a voucher system specifically for provision of ECI services. Eligible children and families receive vouchers from Social Service Agency which cover 8 visits by ECI providers in the natural environment per month. The family can choose any licensed provider of ECI services.

## CZECH REPUBLIC:

ECI services in the Czech Republic have been provided for more than 10 years.

**Legal basis:** ECI services are regulated by the Social Service Act. There are also special standards approved by the Ministry of Social Affairs defining the scope and quality of the services.

**Target group and eligibility:** ECI is intended for children under 7 years of age who have disabilities or are at risk because of: physical as well as sensory disability, serious health condition, premature birth, birth complications.

**Scope and focus of ECI services:** ECI services are community-based social services of preventative nature delivered in the child's natural environment. Services may be provided also in centres or early learning settings (kindergartens and pre-schools) as agreed with the family. The main goal of the services is to support the family and child's development regarding his/her specific needs.

**Organisation and key structures of the system:** ECI services are provided by 49 civil society organisations across the country, registered with the Ministry of Labour and Social Policy licensed as social service providers. Most of the providers are specialized in supporting children with specific difficulties/conditions (visual, hearing, autism spectrum disorder or multiple disabilities, mental health). According to the Act on Social Services, each region in the country has the obligation to ensure the availability of social services on its territory in accordance with the medium-term plan for the development of social services. Regions have great deal of discretion to decide what services shall be available for the population.

<sup>6</sup>The present part is prepared based on the presentations delivered by Rusudan Bochorishvili, Chair of the Board of the National Coalition on early childhood Intervention, during UNICEF Conference, November 2022.

**Funding:** Early childhood intervention services are free of charge for families. Financial transfers from the state budget are provided to the regions, with a specially designated subsidy to finance local social services. The regions subsequently redistribute them to social service providers, including civil society organisations. It is at the discretion of the regions to decide how and on what services the funding is spent. As a result of this, the system is characterized by very unequal distribution of ECI services across the regions, as well as existence of 14 different funding schemes with different requirements, rules and levels of funding depending on the region. Currently, the country is in a process of reforming the system to ensure more equal accessibility and distribution of social services aligned with the local needs.

## Annex 1: Essential ECI services usually include:

- Community and health outreach activities to locate, identify, screen, and assess children from birth to 3 years or older, if not previously identified<sup>7</sup>
- Referrals to and from ECI services
- Developmental monitoring and screenings for all children leading to the initial identification of children who may need ECI services
- Initial entry procedures
- Comprehensive developmental assessments and regular re-assessments over time
- Specialized developmental assessments, i.e., autism, speech/language, etc. as needed
- Decisions regarding eligibility or parent-approved referrals to other services
- Family and home-context assessments
- Preparation of Individualized Family Service Plans (IFSPs) and regular revisions, as needed
- Provision of early stimulation and development visits in the natural environment of the child (home visits or visits to inclusive childcare centres, inclusive ECE centres or other places where the child is present on a regular basis)
- Provision of occupational therapy services, including self-help skills, sensory or physical development, and adaptive behaviour and play
- Physical therapy services to improve gross and fine motor development, develop agile movements and strength, and manage functional challenges
- Speech therapy services to overcome speech delays, improve receptive language, communications skills, swallowing and other speech difficulties
- Individualized and/or group parent education services to help families to parent well in developmental, health, nutritional and other areas, to understand the needs of their child, etc.
- Case management services for parents to help them learn their rights and their children's rights, identify their strengths, and needs, and to support them by means of service management
- Support parents in making their home environments more stimulating, safe, and hygienic for their child and family
- Translation and interpretation services for families, if needed, to ensure services are provided in the family's home language to enhance understanding
- Help the family and child with supportive transition and completion activities from ECI services to inclusive early childhood education or primary school services

<sup>7</sup> Please see the definition of community outreach in Annex 2: Definitions.