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

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**European Inspiring Practices in Early
Childhood Intervention (ECI)**

**Deliverable 4.5 (as per the Workplan) under Work Package 4
"Greek Agora on ECI"**



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Page | 2

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Authors

Vasilis Kalopisis, edited by Irene Bertana.



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

Table of Contents

List of abbreviations	4
Glossary of key terms	5
Introduction.....	7
Structure and methodological approach of the report.....	9
Selected good practices.....	11
1. Centre for Children with Special Needs and Families - Bulgaria	11
2. Early Childhood Intervention service, Consortium of Ukrainian ECI organisations - Ukraine	13
3. Early developmental support, Mali Dom Zagreb - Croatia.....	15
4. Early Childhood Intervention/ Inclusive Early Childhood Education (Telavi Model).....	17
5. Hand-in-Hand Project - Georgia	20
6. National System of Early Childhood Intervention - Portugal	22
7. Support to the family of the child with disabilities - Paideia approach - Italy	24
8. Now & Next - The case-example of New Zealand	26
Implications in the Greek context	28
Effective and coordinated national policies	28
Evidence and research-based practices	29
Inclusion-oriented practices/connection with the community.....	29
Conclusions.....	32
References.....	33
Appendix: Questionnaire for the collection of the inspiring practices	34
General information	34
Early Childhood Intervention Method - Information about your practice.....	35



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

List of abbreviations

AEPS: Assessment, Evaluation and Programming System for infants and children

ECI: Early Childhood Intervention

EASPD: European Association of Service providers for Persons with Disabilities

EU: European Union

IFSP: Individual Family Service Plan

NGO: Non-governmental Organisation

RBI: Routines-Based Interventions

UN: United Nations



Glossary of key terms

AEPS: AEPS stands for Assessment, Evaluation and Programming System for infants and children. It is a criterion-referenced tool developed to be used by direct service personnel (e.g., classroom interventionists, home visitors) and specialists (e.g., communication specialists, occupational therapists, physical therapists, and psychologists) to assess and evaluate the skills and abilities of infants and young children who are at risk and who have disabilities. This comprehensive and linked system includes assessment/evaluation, curricular, and family participation components for the developmental range from birth to six years.

Page | 5

Behaviour Management Strategies: This approach is based on applied behaviour analysis and focuses on the environmental influences on behaviour and interventions most likely to induce behaviour change (i.e., behaviour positive reinforcement, negative reinforcement).

EcoMap: An EcoMap is a structured graphic representation of the child's and the family's most important relationships with people, groups, and organisations and linkages to the larger social system, including informal (e.g., friends, extended family members) and formal (e.g., early care and education providers, early intervention providers) support. EcoMap also identifies resources available in the family's community.

IFPS: IFSP stands for Individualised Family Service Plan. The IFSP is a written document that is the heart of early intervention. It is developed by an interdisciplinary team 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, learn, and play. It includes settings such as the home, childcare site, relative's home, park etc.; materials that can be found in the child's physical environment such as toys, rocks, books, swings, grass, spoons, a highchair etc.; people such as parents, siblings, relatives, friends, neighbours, teachers, or anyone else with whom the child might interact; activities that incorporate the interests and routines of the child and family such as 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.

Play therapy method: Play therapy is an interpersonal process whereby through play, a trained therapist helps children with behavioural and emotional issues and



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for Persons with Disabilities

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

facilitates children's learning of coping skills, especially those with difficulty in verbalising their feelings.

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

Routines-based Intervention (RBI): Interventions that are focused on naturally occurring activities in the family and child's daily life.

Routines-Based Interview. This is a semi-structured clinical interview conducted in the context of a routines-based intervention and designed to help families decide on outcomes/goals for their individualised plans, to provide a rich and thorough understanding of child and family functioning, and to establish an immediately positive relationship between the family and the professional.

Page | 6



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Introduction

The importance of early intervention is well established by scientific and empirical data, as there is a wealth of evidence suggesting that the first years are the most formative in children's lives. These first years set the foundations for their lifelong development and shape their health and quality of life.

Page | 7

The "Technical Support to implement reforms to support the development of family-centred early childhood intervention services in Greece" project – (otherwise known as ECI Greece) runs from September 2021 to September 2023. 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 and counts on the continued cooperation and support of national and international stakeholders.

The project supports the Greek Ministry of Labour and Social Affairs in developing an evidence-based methodology for service providers for children with disabilities in Greece and an action plan for a legislative and financial framework for family-centred Early Childhood Intervention (ECI) services for children with disabilities.

The project is doing so by:

1. developing training methodologies for Greek service providers based on good practice examples from EU countries;
2. piloting these new methodologies for a year;
3. producing a comprehensive country report on ECI in Greece;
4. organising awareness-raising activities for public authorities, assessment services, medical staff, and families;
5. based on findings from the other activities, developing an action plan to establish a system for family-centred ECI in Greece.

This collection of inspiring practices in Early Childhood Intervention is a part of the awareness-raising initiatives of the ECI project and aims to contribute to the creation of a Greek Agora for ECI in Greece. The Agora is composed of a community of citizens and professionals that are knowledgeable and support the development of family-centred ECI in their respective sectors and contexts.

The aim of this Report is to showcase inspiring practices around Early Childhood Intervention (ECI) from various providers across Europe and from outside Greece supporting children with disabilities and their families. By consulting this report,



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for Persons with Disabilities

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

current and potential future providers of ECI and policymakers will learn about existing cases that can guide the development of new practices and policies facilitating their development.

This will contribute, together with the other project activities, to the gradual transition in Greece from a purely medical-centred model that focuses exclusively on the child's disadvantages and is provided in the sterile environment of a centre, to a holistic system that places the family at the centre of attention. This holistic system empowers primary caregivers, is provided with priority in natural settings and focuses on functional goals and social inclusion of children and families with support needs. This, in turn, will lead to greater inclusion and promotion of the well-being of children with disabilities, and at risk of developmental difficulties.



Structure and methodological approach of the report

A best-case practice in ECI is defined as an intervention that produces optimal results in maximising the child's physical, cognitive, and social/emotional development while respecting the diversity of families and communities. A checklist, based on a Likert point scale (0 = being the lowest to 5 = being the highest), was developed for the purposes of this Report.

Page | 9

The selection of the best-case ECI practices was based on the evaluation of the following indicator areas:

- **Family:** The ECI practice recognises the central role the family plays in a child's life. All families are encouraged to be included and contribute to their child's learning and development.
- **Inclusion:** The ECI practice is inclusion-focused and promotes the engagement of all children, regardless of their needs, in all aspects of life. Therefore, it fosters learning in natural environments such as daily routines, at home, and in the community.
- **Outcome-based:** The ECI practice adopts evidence and outcome-based approaches. Early childhood intervention professionals provide services grounded in research and scientific reasoning.
- **Interdisciplinary approach:** The ECI practice includes well-trained professionals from various disciplines and backgrounds to meet the diverse needs of targeted children and ensure quality teamwork.
- **Geographic distribution:** The practice is implemented in a European country outside Greece.

To identify the respondents, EASPD launched a call for good practices distributed through its website and newsletter and its Member Forum in Early Childhood intervention. The call included a detailed online survey for the respondents, including 16 questions in total. Professionals representing 16 organisations across Europe responded to the survey. Following the screening process, 7 practices met the selection criteria to be included in the Inspiring Practices Report. An additional case example initially established in New Zealand is included in this Report as a well-recognised practice in Australia, New Zealand, and Canada. A map showcasing the geographical distribution and a list of these best practices included is presented below.



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ECI Greece

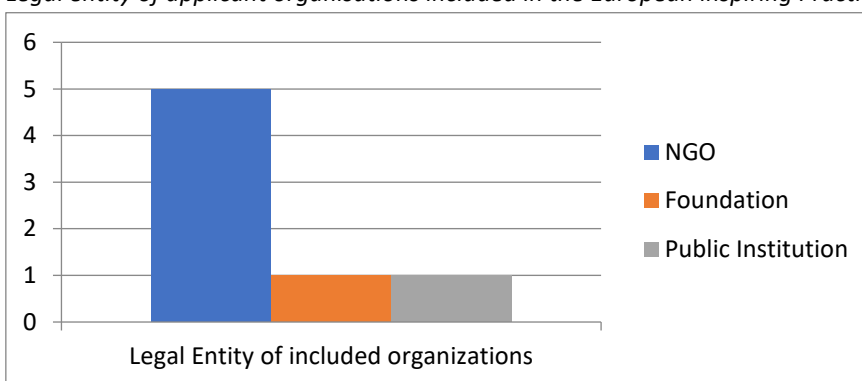
Table 1: Organisations included in the European Inspiring Practices report

	Country	Number of selected organisations
1	Bulgaria	1
2	Croatia	1
3	Georgia	2
4	Italy	1
5	Portugal	1
6	Ukraine	1 (a consortium of 4 organisations)

Image 1: Applicant countries included in the European inspiring Practices report



Table 2: Legal entity of applicant organisations included in the European inspiring Practices report



The key elements of each of the selected practices are presented in alphabetical order in the next section.



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

Selected good practices

1. Centre for Children with Special Needs and Families - Bulgaria

Country and city: Bulgaria, Varna.

Organisation: Karin Dom Foundation – NGO.

Website: <https://karindom.org/en/>

Description of the organisation: Karin Dom is based in the city of Varna and works for the fulfilling life and growth of children with support needs in their families for their successful inclusion in society. Annually, 120 children are enrolled on the ECI service and 220 in the other services of the organisation. The Karin Dom ECI service is based on the latest evidence-based practices, including a family-centred approach and support in a child's natural environment. The organisation has 12 years of experience in providing this service. The ECI practice is unique in Bulgaria and serves as a model for newly developed ECI services in the country. Trainings and supervisions of other ECI service providers are being implemented, as well as participation in expert groups and advocacy for the development of a national ECI system. The service is well-positioned and recognisable in the community.

Target group: Children with developmental delays and disabilities from 0 to 7 years old, and 0-3 specifically for the ECI service.

Methodology to be learned and applied: Inter-disciplinary and family-centred approach. It uses routines-based interventions in natural environments and facilitates formal and informal support groups for parents. It is further active in the provision of training and advocacy. It has developed inter-sectoral cooperation with state/private services.

Practice description: The ECI service employs a family-centred approach. Services are provided at home, and parents are involved in each step of the process. The family sets the goals in the service plan according to their priorities for the child. A routines-based interview¹ is conducted, and activities that involve embedding learning experiences into daily routines are carried out. Furthermore, a formal and informal support network is developed. Parents are the main implementers of the plan. Professionals empower the family by suggesting strategies around daily routines and

¹<https://inclusioninstitute.fpg.unc.edu/sites/inclusioninstitute.fpg.unc.edu/files/handouts/McWilliam%20-%20Protocol%20for%20RBI.pdf>



in the context where these take place. The parents are those who implement them as the major agents of the intervention. The ECI service includes home visits, parent support groups, individual parent counselling, an informal parental network, child-parent playgroups, breastfeeding support, a toy and resource library, information, and training activities.

Team around the Child: speech and language therapist, physical therapist, occupational therapist, psychologist, and social worker. There might be one or more of the above-mentioned professionals. The service also needs a manager (it could be within this team or a separate position).

How are the quality and the results of the intervention being assessed?

- Establishment of quality standards;
- Keeping an electronic register;
- Distribution of parent satisfaction surveys;
- Functional assessment.

Strengths and weaknesses of the practice:

Strengths	Weaknesses
<ul style="list-style-type: none"> • Advocacy for the development of a national ECI system. • Wide range of service provisions covering diverse needs of children and families. • Inspiring, outward-looking, community-oriented actions focusing on training, inclusion and awareness raising. • Joint activities with services from the health and the educational sector (maternity hospitals, nurseries, kindergartens). • Supervision and training providers. • Use of standardised assessment protocols following a routines-based perspective. 	<ul style="list-style-type: none"> • High financial demands for tailor-made services.

Contact details:

Magdalena Tsoneva, Manager Training & Research, mtsoneva@karindom.org



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

2. Early Childhood Intervention service, Consortium of Ukrainian ECI organisations - Ukraine

Country and cities: Ukraine, Kharkiv, Odessa, Lviv, Uzhhorod.

Website: <https://dzherelocentre.org.ua/vsi-poslugy/> <https://ei.kharkov.ua/>

Page | 13

Description of the organisation: CF Early Intervention Institute (Kharkiv), NGO Health Society (Odesa), Training-Rehabilitation Centre Dzherelo (Lviv), NGO Path of Life (Uzhhorod) form a consortium of organisations that support more than 550 children and promote the development of the ECI system in Ukraine according to the family-centred, routines-oriented model.

Target group: Children from 0 to 4 with developmental delays.

Methodology to be learned and applied: This is a family-centred, inclusive practice following a routines-based model². It involves the use of multimedia methods for the training of parents and supports both parents and siblings. It places emphasis on developing social networks in the community (i.e., ecomap³) and on the development of transition programs to services/schools. It is also active in the provision of training to ECI professionals.

Practice description: The ECI service is grounded on a routines-oriented, family-centred, relationship-based approach. It is a comprehensive approach that is provided in accordance with the early intervention cycle from the initial contact to the assessment, the development, implementation, and monitoring of the IFSP up to the design of a transition program to the next services after ECI. The Family ECI plan is based on the priorities of parents in their daily lives. The main idea is to increase the child's participation in everyday life, improve the family's quality of life, increase the parents' self-efficacy, and identify resources and opportunities in collaboration with them. The aim is to learn together using social networks in the community; maintain long-term communication, as families can be in the service for a long time. Supervisions are a necessary part of service provision and staff training. Methods applied are routines-based interviews, social networks, coaching, observation, assessment together with parents, hands-off techniques, Family Early Intervention Plan, video materials and video training, as well as the organisation of the natural setting of the child.

² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7697325/>

³ <https://sites.google.com/metro-ecsuo.org/mn-egip/family-centered-practices/ecomap>



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European Association of Service providers
for Persons with Disabilities

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

Team around the Child: Speech therapist, physical therapist, occupational therapist, psychologist, doctor, social worker, and special education teacher.

How are the quality and the results of the intervention being assessed? There are criteria for assessing the quality of service as well as evaluation questionnaires addressed to the parents.

Strengths and weaknesses of the practice:

Strengths	Weaknesses
<ul style="list-style-type: none"> • Participatory and inclusive approach. • Focus on functional and meaningful goals for the child and the family in the context of daily activities. • Comprehensive and holistic approach in accordance with the complete Early Intervention cycle. • A large group of professionals trained by international experts according to the most recent evidence-based methodologies. 	<ul style="list-style-type: none"> • Additional, long-term training of ECI professionals is needed. • Raising awareness and paradigm shift towards family-centred ECI provision takes time.

Contact details:

Anna Kukuza, Executive Director, avkukuza62@gmail.com

Oksana Kryvonogova, Head, oksanagood@gmail.com



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3. Early developmental support, Mali Dom Zagreb - Croatia

Country and city: Croatia, Zagreb.

Organisation: Mali dom – Public Institution.

Website: www.malidom.hr

Description of the organisation: Mali dom provides early intervention services to approximately 60 children and their families each year in the Zagreb area and to an additional 150 children nationally through transdisciplinary assessment and counselling. The early intervention team of Mali Dom works with families and children, providing comprehensive, accessible, and responsive early intervention services that support families in raising a child with a disability or at risk of developmental delay from birth until three years of age. The goal is to reach developmental milestones in the first years of life and to provide support to parents.

The mission of the organisation includes the following goals:

- to have a program which will meet the needs of the families;
- to have the family as a partner and together setting goals;
- to share knowledge through educational activities.

Target group: Children 0-3 with multiple disabilities and visual impairments

Methodology to be learned and applied: This is a family-inclusive practice, offering both centre-based and home-based services fostering meaningful participation in daily routines based on an Individual Family Service Plan⁴ that is regularly monitored. Key persons reach out and coordinate the work with families. ECI training for external professionals is also provided.

Practice description: The Early developmental support model in Mali Dom Zagreb is strength and resource-based, enhances competence and positive functioning, and decisions are made together with the family instead of for them. The model provides services for children in a natural environment and in the Centre. These services are performed at the child's home by a therapist/service provider who is a key member of the Early Intervention Team. The home-based practice consists of regular visits from an expert who works with the child and the family according to an Individual Family Service Plan. The plan is developed around commonly defined outcomes as well as

⁴ https://www.earlyed.com.au/wp-content/uploads/2018/04/Have-your-say_poster.pdf



short and long-term goals defined by all team members and the family. The goals are re-evaluated every 3 to 6 months.

Additional services that are offered include:

- Support groups of parents,
- Counselling play therapy with siblings,
- Activities in the swimming pool,
- Physiotherapy,
- Sensory integration therapy,
- Music therapy,
- Kinesiotherapy,
- Speech therapy,
- Vision rehabilitation,
- Vibroacoustic therapy
- Assistance to access services such as kindergarten and childcare.

The service is implemented in close collaboration with the family through joint recognition of the child's abilities and strengths. Centre-based activities are provided, when needed, by professionals from other specific fields or services that could not be carried out at home.

Team around the Child: A multidisciplinary team of professionals including a special education rehabilitator, physiotherapist, social worker, psychologist, speech therapist, kinestherapist, and occupational therapist.

How are the quality and the results of the intervention being assessed? Evaluation forms addressed to parents.

Strengths and weaknesses of the practice:

Strengths	Weaknesses
<ul style="list-style-type: none"> • Services are relationship and resource-based. • Services are developed on the need assessment and priorities of parents. • Strengths-based approach. • Many different provisions cover a wide range of children's and families' needs. • Multiple sources of funding (State funding, municipal funding, European projects, international institutions, educational activities). 	<ul style="list-style-type: none"> • Inability to meet the needs of all children and families seeking ECI services. • Additional actions are needed to prevent burnout of ECI professionals.

Contact details: Tatjana Petrović Sladetić, Director, tatjana@malidom.hr



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4. Early Childhood Intervention/ Inclusive Early Childhood Education (Telavi Model)

Country and city: Georgia, Telavi.

Organisation: Georgian Public Interests Defence Association (GPIDA) – NGO.

Page | 17

Website: <http://gpida.ge/>

Description of the organisation: GPIDA is an independent non-profit organisation that has been promoting human capital development, participating in democracy development, and implementing good practices. GPIDA supports the right of all children to a safe and healthy life, access to high-quality services, development, protection, and participation. The organisation is working throughout Georgia and participating in international projects.

The organisation is implementing the following activities:

- Advocacy of educational and child rights issues for the improvement of State services
- Service development and implementation
- Educational and developmental programs for children with special educational needs (SEN)

Target group: Children at an early age with developmental delay, children at risk of developmental delays, children with mental and physical disabilities, and children with severe and profound disabilities.

Methodology to be learned and applied: This practice is based on an evidence-based approach grounded in the collection of large-scale research data; it uses standardised assessment protocols (e.g., the Assessment, Evaluation and Programming System for infants and children - AEPS). The practice is implemented in collaboration with families and in natural environments. It has further developed inter-sectoral cooperation with state/private services.

Practice description: The Early Intervention/Inclusive Early Childhood Education service is based on human rights principles and a fully biopsychosocial approach. Supporting the child's development/teaching is based on an Individual Development Plan for the child and family. In this process, the Play method ⁵and Behaviour

⁵ Porter et al. (2009).



Management Strategies⁶ are used. In the intervention, children are involved in family activities. The development of knowledge and skills necessary for parents is also supported. Parents are involved in the process of creating and implementing the Individual Development Plan. Beneficiaries and their parents receive the service in the natural environment.

This ECI intervention includes the following:

- Early identification of needs – screening.
- If necessary, provide referrals to another appropriate service.
- Assessing child and family needs (child's needs, parents' skills, environment)
- Creating an individual development plan for the child and family.
- Cooperation with kindergartens for early identification of children with support needs.
- Cooperation with kindergartens to promote the inclusion of children with support needs.
- Developing an effective transition plan from kindergarten to school and collaboration with schools.
- Cooperation with primary health care centres for early identification of children with support needs.
- Monitoring the development of former beneficiaries.

Team around the Child: A multidisciplinary team works with a child and a family with a transdisciplinary approach.

How are the quality and the results of the intervention being assessed?

- The Assessment, Evaluation and Programming System for infants and children (AEPS) tool⁷ for the evaluation of results.
- A quality management document which allows measuring the quality of services (reflecting major legal standards: Rights, participation, individual outcomes, feedback, service availability, service management, 96 indicators).

⁶ <http://www.intellectualdisability.info/mental-health/articles/behaviour-management>

⁷ <https://eip.uoregon.edu/research/aeps.php>



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Greece
ECI Greece

Strengths and weaknesses of the practice:

Strengths	Weaknesses
<ul style="list-style-type: none"> • Evidence-based model and standardised assessment tools. • Highly qualified team of professionals. • Comprehensive approach covering the whole intervention cycle from early screening and assessment to the transition to the next services. • Intersectoral approach through memorandums of cooperation between stakeholders from the health, social care, and educational systems. • Outreach and assessment of children outside urban centres in small villages. • Advocacy and lobbying work to raise awareness on ECI and joint actions to promote the development of a national ECI system. 	<ul style="list-style-type: none"> • Systemic-related issues (i.e., difficulties arising from cooperation with different sectors). • Lack of specific rehabilitation professionals (occupational therapists, speech therapists). • Absence of corresponding support services for sensory integration/intervention.

Contact details: Nino Paatashvili, Chairman of the Board/ Pediatrician, child development specialist, ninopaatashvili@gmail.com



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5. Hand-in-Hand Project - Georgia

Country: Georgia, Gori.

Organisation: Society Biliki – NGO

Website: www.biliki.ge

Description of the organisation: The mission of Society Biliki is to increase the capacity of the youth community and civil society to be actively involved and influential in the decision-making processes at the local governmental level. The organisation runs a Child and Youth Development Centre where Early Childhood Intervention and Rehabilitation-Habilitation Programs are implemented. The Rehabilitation-Habilitation program includes working with children aged 0-18 years to improve their existing skills, increase their autonomy and have a greater quality of life. Society Biliki provides services to 300 children overall in the childcare programme; the total number of beneficiaries at the Child and Youth Development Centre is 180; the ECI programme supports 150 children from 0-7 years, whilst the Rehabilitation/Habilitation program supports 30 children from 0-8 years old.

Target group: Children with developmental disabilities (0-7).

Methodology to be learned and applied: Flexible, home-based services, collaboration at regional and national levels.

Practice description: The Hand in Hand Project is an ECI intervention that includes working with children with developmental delays and empowering the family. The support given is adapted according to the developmental stage of the child. The service provides 6 or 8 visits per month, where the interventionists work in 5 main areas: cognitive, adaptive, social-communicative, gross, and fine motor skills. A team of specialists with different profiles is involved and works with the children and their families, including speech therapists, occupational therapists, and physical therapists. A one-year individual plan is developed based on the needs of the child and is evaluated yearly.

The City Hall of Gori Municipality helps with the co-financing to cover salaries for an occupational therapist, speech therapist, and physical therapist. These professionals offer additional services connected to the individual needs of the target beneficiaries and their parents.



Team around the Child: Psychologist, occupational therapist, speech therapist, physical therapist, special education teacher, rehabilitation expert, neurologist, behaviour therapist, and early interventionist.

How are the quality and the results of the intervention being assessed? As a result of the assessment of the individual plan, the achieved result and the quality of the specialist's work are measured. The ECI program is monitored by the State and received a certificate as the best service provider in Georgia in the ECI program in December 2021 by the State Monitoring Service.

In addition to external monitoring, there is an internal monitoring system in the organisation, where two supervisors engage with specialists in quality management.

Strengths and weaknesses of the practice:

Strengths	Weaknesses
<ul style="list-style-type: none"> • Multidisciplinary and interdisciplinary team. • Strong collaboration with local authorities and the government. • Certified by Georgian State and best practice in 2021. • Cooperation with local and international coalitions. • First ECI service provider in the Shida Kartli region. 	<ul style="list-style-type: none"> • Limited funding resources, understaffed to meet the needs of children and families seeking support. • Lack of an accurate census of children in need of early intervention given the increasing number of beneficiaries.

Contact details:

Lela Mindiashvili, Organizational Development Manager,
lelukamindiashvili@gmail.com

Society Biliki, societybiliki@gmail.com



6. National System of Early Childhood Intervention - Portugal

Country: Portugal.

Organisation: CECD Mira Sintra – NGO

Website: www.cecd.pt

Page | 22

Description of the organisation: The mission of CECD Mira Sintra is to ensure that children's rights are protected and that their capacities are developed. To achieve this, Mira Sintra aims to identify and refer all children who need ECI and to intervene according to the needs of each child's family context to prevent or reduce the risks of developmental delay. Furthermore, Mira Sintra supports families in accessing services and resources from the social security, health and education systems and looks to involve the community through the creation of articulated mechanisms of social support. The organisation directly supports around 130 children and 380 children indirectly through the training and support of professionals in the field.

Target group: Children aged 0-6 years old.

Methodology to be learned and applied: An integrated, sectorial, and transdisciplinary ECI service that is nationally coordinated; local support networks and provision of ECI training are established.

Practice description: CECD Mira Sintra is a part of the local ECI Team which is integrated into the National Portuguese ECI System. It provides specialised knowledge from psychologists, therapists, social workers, and developmental professionals working together with a transdisciplinary team of other professionals such as teachers, doctors, nurses etc. In collaboration with them, ECI services are provided in the children's natural environments (home, day-care, kindergarten) during routines and daily activities to promote the child's participation in learning experiences based on the objectives defined by the family. The national system comprises of professionals from the ministries of education, social care and health working together. The transdisciplinary team identifies a case coordinator (professional within the team) that is enabled by the other professionals to better support children and families. This is done by activating local support networks, family and child-centred planning and implementing an Individual Intervention Plan.

Team around the Child: Multidisciplinary team of qualified ECI professionals.

How are the quality and the results of the intervention being assessed? An assessment report is produced regularly by the National ECI System. The system also



promotes academic research from universities to evaluate, on multiple levels, the results produced by this system.

Strengths and weaknesses of the practice:

Strengths	Weaknesses
<ul style="list-style-type: none"> • A national coordinated model with established sectorial networks that are not geographically limited. • Community-based services ensure the continuity of service, which is a crucial factor in dropout prevention. • Transparency on the resources allocated to the child and family. • The interaction with the community is facilitated since ECI professionals represent the power of three ministries. • Cost-effective. 	<ul style="list-style-type: none"> • The system requires collaboration between three different ministries and their full commitment. If only one stops supporting, the system will fail. • Specialised professionals might feel some loss of decision power (families have the final word) and lack of opportunity to increase their level of specialisation (due to the need for transdisciplinary knowledge). • Vulnerable model to constant changes of professionals within the local ECI team.

Contact details:

Miguel Pinto Basto de Sousa Valles, President of the Board, miguel.valles@cecd.pt



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7. Support to the family of the child with disabilities - Paideia approach - Italy

Country: Italy, Turin.

Organisation: Fondazione Paideia – Foundation.

Website: www.fondazionepaideia.it; www.centropaideia.org;
www.fattoriasocialepaideia.it

Page | 24

Description of the organisation: Fondazione Paideia was founded in 1993 in Turin and offers concrete help to children with disabilities and their families. The Foundation encourages the development of projects and initiatives dedicated to families in difficult situations and participating in the development of a more inclusive and responsible society. The Foundation adopts a systemic perspective and values networking. This is essential to look not only at the children, but at all those who take care of them in different ways, through an approach that places the family at the centre of the process. Paideia develops projects aimed at offering direct support to families with children with disabilities, but also socialisation and leisure activities, to reduce the risk of social exclusion. Paideia also develops specific cultural projects to promote social inclusion. The Foundation has supported over 3500 families in almost thirty years of activity.

Target group: Children with disabilities (0-16), families with children with disabilities.

Methodology to be learned and applied: Interdisciplinary and systemic approach, support to all family members (i.e., including siblings and grandparents). The services offered (integration of sports, recreational and education, multisensory activities) are centre-based.

Practice description: Paideia carries out its services at the Paideia Centre, a structure of about 3000 square meters; this is a place suitable for everyone, accessible and dedicated to the entire family. This inclusion-oriented space consists of a café, a swimming pool, a playground, a multisensory garden, an area for parties and events and a library. Since 2019 a new space of the organisation, the Paideia Social farm, welcomes all families, especially families with children with disabilities, to experience educational and recreational activities in contact with nature.

Paideia offers, from an inclusive perspective, family-centred care, sports activities, courses, and workshops designed for everyone, children, adults, families, and training opportunities for teachers and socio-health workers.



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

Services also include:

- Rehabilitation courses (speech therapy, psychomotor therapy, psychoeducational interventions).
- Social and psychological counselling.
- Financial support to families.
- Targeted support to siblings ("Giving voice to siblings").
- Support and training for other family members (incl. grandparents).
- Training for professionals for facilitating support groups/interventions for siblings.
- Holiday and socialisation programs, sports, and recreational activities.
- Social farm and multisensory playground.
- Receiving and training of volunteers.
- Research and innovation, development of functional strategies for the construction of inclusive and learning contexts.

Team around the Child: A multidisciplinary team of professionals, including psychologists, psychomotor therapists, speech therapists, social workers, music therapists, and occupational therapists.

How are the quality and the results of the intervention being assessed?

- Family evaluation of services;
- Multidimensional evaluation system.

Strengths and weaknesses of the practice:

Strengths	Weaknesses
<ul style="list-style-type: none"> • A strong orientation towards the community, inclusion, and the creation of social networks of reciprocal relationships of support and solidarity. • Targeted support to all family members. • Ecologic and family-centred approach to care. • Networking with other community-services. 	<ul style="list-style-type: none"> • Limited support in the natural environment of the child; however, it is an inspirational practice with significant suggestions regarding family inclusiveness and community involvement. • Limited financial resources.



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Contact details:

Alice Zullo, Programming Manager, alice.zullo@fondazionepaideia.it

8. Now & Next - The case-example of New Zealand

Organisation: Plumtree Learning

Website: tinyurl.com/easpd-case-study

Description of the organisation: Plumtree Learning is an organisation founded and run by parents raising children with support needs. The mission of the organisation is to build family capacity through participation.

This is accomplished by running a suite of evidence-based programs for peer groups (face to face or via zoom) where parents and carers learn to:

- Formulate and achieve inspiring goals for their children.
- Build novel positive partnerships with professionals.
- Optimise their informal networks.

Target group: Families of young children who have developmental delays or disabilities.

Methodology to be learned and applied: This is a family-centred and inclusive practice rooted in Systems-Informed Positive Psychology (SIPP), where families are seen as the primary experts and are trained as peer workers and advocates. The work is peer-led, which ensures an inclusive approach, focuses on the daily needs and routines of the child and the family, and makes use of all available resources. A 7 Universities research consortium runs a comprehensive research program to report on the impact of the programs on families' empowerment, hope, agency, and well-being.

Practice description: Now & Next is a unique, peer-led group program that aims to build family capacity through participation; this involves running a suite of evidence-based programmes with concomitant research, demonstrating how they increase families' empowerment, hope, agency, and well-being. Over recent years, this program has evolved to become a cornerstone of the early childhood intervention (ECI) service delivery for ECI providers located in Australia, New Zealand, and Canada. Now & Next is the first 'by families for families' program of its kind to be offered worldwide. Since its inception in 2015, over 4500 families and professionals have participated in the program. Program elements are aimed at progressing children's and families' goals and well-being through family engagement. Through interactive



European Association of Service providers
for Persons with Disabilities

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

group work, the program supports families to vision, plan, set goals, and develop goals into action in the context of a peer-led environment. The aim is to create a system-wide impact by identifying and empowering the leverage points that can impact this sustainable change.

Team around the Child: Family as the primary experts, and professionals.

Strengths and weaknesses of the practice:

Strengths	Weaknesses
<ul style="list-style-type: none"> • Peer-led services; family leaders as peer workers. • Advocacy. • Support groups for families, flexible for those in remote areas. • Provision of training at a global level. • Research to inform system change. • Epistemological and methodological integrity; evidence-based and outcome research. 	<ul style="list-style-type: none"> • Lack of stable funding.

Contact details:

Dr Annick Janson, Research & Innovation Director: annick@plumtreelearning.com



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Implications in the Greek context

In parallel with the creation of this report, the ECI Greece project is in the phase of drafting the National Action Plan for ECI in Greece. This will serve as a basis for the writing of a legislative and funding framework for family-centred ECI. Thus, many elements emerging in these practices can be inspirational for the process, and this includes the issues of effective and coordinated national policies, evidence and research-based approaches and connection with the community.

Page | 28

Effective and coordinated national policies

ECI is being implemented in most European countries, including Greece, with some good case examples. However, there is no adequate state recognition, direction, and coordinated implementation.

For effective implementation of family-centred ECI, coordination between families, services, and the community is required. As such, the first step is the creation of a legislative framework that should define the characteristics of the ECI services and of service providers at a national level. On this note, a nationally coordinated ECI mechanism would be beneficial in defining, implementing, and monitoring (i.e., quality assessment) ECI services in Greece and in reaching out to more children and families with support needs.

Given the example of the National Portuguese ECI System as presented through CECD Mira Sintra organisation (*see practice 6*), a nationally coordinated mechanism ensures the geographical distribution of the available services and the networking between them. It further encourages intersectoral collaborations, community support of families, continuity of support/services and, therefore, dropout prevention.

Applying this practice to the Greek context, this central coordinating structure would be useful for:

- a) the establishment of national ECI guidelines and assessment criteria;
- b) the accreditation and networking of certified ECI providers;
- c) the exchange of knowledge, capacity building, funding, and cooperation of the ECI stakeholders;
- d) providing a point of reference for families, clinicians, mental health professionals, healthcare, and rehabilitation organisations;
- e) the creation of awareness-raising campaigns and materials for the wider public.



European Association of Service providers
for Persons with Disabilities

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

Evidence and research-based practices

As mentioned, ECI operates based on an evidence-based practice model.

That "simply" means the synthesis of:

- i) evidence (i.e., outcome-based research);
- ii) the values/experiences of the beneficiaries (both children and their families);
- iii) experience of professionals to achieve the best possible outcome. It can be easily understood that the issue of "proving ECI effectiveness" is quite important at the policy-making level when attempting to introduce this model at a national level.

Page | 29

The Routines-Based Intervention (RBI) has been particularly implemented by the Karin Dom Foundation (*practice 1*), Mali Dom – Croatia (*practice 3*), Georgian Public Interests Defence Association (*practice 4*) and The Consortium of Ukrainian ECI organisations (*practice 2*). All are inter-disciplinary and family-centred approaches grounded in the collection of research data that use standardised assessment protocols (i.e. AEPS).

When transferring the ECI model to the Greek context, particular emphasis should be placed on the RBI outcome research and evidence-based approach. Standardised assessment both at early and later detection stages (needs assessment, questionnaires, interviews, and national standardisation/validation of those), procedure protocols (i.e., intervention planning, home/school/centre-based services), and family involvement (i.e., family-centred care) are all crucial processes. As described by the practices Georgian Public Interests Defence Association and The Consortium of Ukrainian ECI organisations (*see practices 4 and 2*), these processes should be developed to structure the ECI services and be able to measure its results. In addition, the family's perspective is and should always be included as the primary source of information in the process of evidencing ECI effectiveness.

Inclusion-oriented practices/connection with the community

As mentioned, one of the essential aspects of ECI is inclusiveness and a family-centred approach. The role of the family should be recognised and included in the learning and developmental process of the child.

Moreover, the ECI services should:

- Promote the engagement of all children, regardless of needs.
- Take place in the natural environments of the child.
- Be family-centred.



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- Be strengths-based and mindful of available resources.

Most ECI practices included in this Report placed a strong emphasis on the role of the family and connections and resources of the local community that are seen as the support network around the child.

For example, Karin Dom Foundation (*practice 1*) includes a range of service provisions that go beyond the "typical" context (i.e., parent support groups, non-formal parent support network, child-parent playgroups, breastfeeding support, toy and resource library, information, and training activities). It further emphasises the need to have mobile, flexible services that intervene in the natural environment of the children and their families.

Fondazione Paideia (*practice 7*) also conducts comprehensive work with all family members (i.e., including siblings and grandparents) even though it provides centre-based services.

The case example of New Zealand (*practice 8*) has developed a family-centred and inclusive practice where families are being supported through peer-support groups to become peer workers (experts by experience) and advocates.

The Mali Dom organisation (*practice 3*) uses key contact persons to facilitate connections with the family, the services, and the community. The Consortium of Ukrainian ECI organisations (*practice 2*) places emphasis on using social networks in the community and on creating transition programs for referral to services/schools.

These are much-needed practices, and with the necessary adaptations, can be translated to the family/community-centred Greek sociocultural context. Parents, and all family members, must be empowered and be able to contribute to their child's development. In addition, community and inclusion-based approaches will be able to reach out and empower more children by creating meaningful and resourceful support networks. This means in practice that interventions should be mobile and not behind closed doors or in clinical settings. They should be occurring in the natural learning environments of children (home, kindergarten, community) where challenges occur, daily routines are created, behaviours are learnt, and skills are developed. Observation of the everyday routines and collaboration with all family members/significant others leads to the identification and minimisation of the existing environmental challenges for the child (i.e., identification of stressors and adaptation to the environment) and to empowerment of families/significant others (i.e., on



European Association of Service providers
for Persons with Disabilities

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

management strategies). In this supportive environment, children can reach their potential.

Most practices selected for this report highlighted that tailor-made, mobile and multidisciplinary ECI services need significant financial, community and human resources. It becomes clear that investment, in all possible means, is needed to apply the ECI model in Greece. In addition, the adoption of a family-centred ECI approach requires an epistemological shift from the expert-patient biomedical framework, which is mainly followed in Greece, to a community, relational-based biopsychosocial approach. An attitude change among professionals, service providers and families is also needed. Both the training provision and informative awareness campaigns addressed to families, stakeholders, higher education institutions, service providers, and professionals are necessary.



Conclusions

The purpose of this report was to showcase a series of best practices in Early Childhood Intervention from various providers across Europe and from outside Greece which support children with disabilities or developmental delays and their families.

Page | 32

There are several inspiring practices of ECI services represented here from Georgia, Bulgaria, Italy, Ukraine, Croatia, Portugal and one case example from New Zealand. As shown, a nationally coordinated ECI system is essential for the definition and monitoring of the existing and future services, for the capacity building of professionals and for reaching out to more children and families with support needs.

Finally, all ECI practices emphasise the need to:

- Be grounded in an evidence-based and family-centred approach;
- have interdisciplinary and mobile professional teams that can support the child and the family in the natural environment;
- embody an inclusion-based approach that facilitates community connections and takes advantage of all available resources.



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Page | 33

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Appendix: Questionnaire for the collection of the inspiring practices

General information

The following questions are focused on information about the organisation and the submitting person. The questions with an asterisk are mandatory for the respondents.

Name of the practice:*

Name of applicant organisation:*

Website:

What is the legal status / classification of the practice? (i.e. charity, NGO, public/private entity): *

Country and city:*

Full name of the contact person:*

Position/Job function of the contact person:

E-mail address:*

Phone number:*

Affiliation with EASPD:*

- EASPD full member
- EASPD Observer
- Affiliated association/member of an EASPD member or observer organisation. If this option is selected, please specify which one in the "other" category below.

Please describe your objective/mission of your organisation:*

What is your target group?*

Where do you perform your services? (home, community etc.)

How many children does your organisation support?

How many staff members do you employ?

How is the project/practice funded? (i.e. donations, state funding, both)



European Association of Service providers
for Persons with Disabilities

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

Early Childhood Intervention Method - Information about your practice

What are the services provided by your ECI department?*

What is the staff involved? *

Name of the practice*

Please describe your good practice and its methodology. (Please describe in detail)*

What actions and methodology do you use to work and engage with families? (max 300 words).*

How and when are the needs of the children assessed?*

How do you ensure cooperation with other experts, stakeholders, and relevant organisations?*

How do you ensure that your approach is inclusive, focuses on the daily needs and routines of the child and the family and makes use of all available resources? *

Do you have systems to assess the quality and evaluate the results of your intervention?*

What would you consider the strengths and weaknesses of your approach?*

Do you think your project can be replicated in other settings? If so, what would you need to replicate it, or train others to do so?*

How do you ensure that your team of ECI professionals is well trained, covers a wide range of disciplines and follows an evidence and outcome based approach?*

Is there any other information which you wish to share with us?

