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Early Childhood Intervention in Georgia

Policy, Programmes, Gaps, and Recommendations

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1. Aim of the review

The aim of this report is to present an accurate picture of early childhood intervention (ECI) in Georgia in a broader context. The data is structured in such a way that it is comparable with the ECI systems of other European countries, as defined by the European Association on Early Childhood Intervention (EAECI). The report characterises and assesses ECI systems and services in Georgia with regard to their normative, institutional and legal bases; their structure and organisation; general service coverage; and their content and approaches.

2. Methodology

The information in this report was gathered through data collection and extensive desk research, an analysis of publicly available data, and interviews with experts and service providers working in the field of early childhood intervention in the country.

The study has limitations. We had limited time for the collection of data from service providers and from parents and did not have opportunities to observe child, parental and professional interactions or to receive information from professionals who are directly working with families and children.

3. Summary

This report presents a summary of findings on the progress and main changes that have been made in the field of Early Childhood Intervention (ECI) in Georgia. The collected information and identified gaps in relation to ECI systems in the country are discussed in relation to five key elements: early detection, availability, accessibility, quality, human resources, coordination and multidisciplinary work, and the decentralization of ECI services .

Availability refers to the goal of ECI to reach all children and families in need of support as early as possible. It also involves offsetting regional differences with respect to the availability of resources in order to guarantee that children and families applying for support can benefit from the same quality of services, in spite of potential regional differences.

Accessibility relates to the service reaching all members of the target population through support that is available as close as possible to families, at both local and community levels. This also relates to the idea of providing family-focused services with a clear understanding of, and respect for, the family's needs as the centre of intervention.

Coordination and interdisciplinary work revolves around the fact that the support being provided to children and their families comes from professionals belonging to different disciplines and with diverse backgrounds. Interdisciplinary work facilitates good coordination and the exchange of information among team members.

With respect to the scope of this report, Part I includes a brief review of definitions and conceptual approaches to the fields of ECI. Part II provides an overview of the ECI system in Georgia and identifies gaps in policy and practice. In Part III, some lessons learned and recommendations are offered. Finally, Part IV presents the ECI systems of other European countries (the UK, Spain, the Czech Republic and Slovakia).

PART I

4. What is Early Childhood Intervention?

Early childhood Intervention (ECI) is a system consisting of a wide range of services ‘to support family patters of interaction that best promote child development’.¹ It is a transdisciplinary, social and child-rights-orientated model made up of a wide range of educational, therapeutic, and preventive components that offer support, information and guidance to families and children who are at risk for developmental delays or who have a developmental disability.

ECI programmes have several goals:

- Firstly - to support families in supporting their children’s development;
- Secondly- to promote children’s development in key domains such as communication or mobility; and,
- Thirdly, to promote children’s coping confidence, and hence prevent the emergence of future problems,² and to decrease the need for special education and related services when a child enters school.

By focusing on children’s environments, ECI services help remove barriers to development in terms of social (including poverty) and educational conditions, as well as environmental adaptation (including lack of early nurturing or malnutrition, loss of parents, and neglect) and the provision of technical aid. ECI is proven to be cost effective: many resources can be saved by providing early support to children and families in need before the costly effects of their conditions become acute.

In the wake of the development of this field worldwide, and the attendant emergence of systematized evidence, a reconceptualization of the aims of early childhood intervention services has been observed, which has been reflected in policy and practice in developed countries. Today, ECI intends not just to minimize the effects of a disability or condition on an infant and young child but also to ensure that children with developmental disabilities gain the *functional skills* necessary for them to *meaningfully* participate in their daily environments.³ Meaningful participation is considered to be an engine of development and a crucial means to attain a genuine sense of belonging and a satisfactory quality of life.

5. Why do Early Years Interventions Matter?

Early childhood intervention refers to all forms of child-oriented training activities and parent-oriented guidance implemented as a direct and immediate consequence of the identification of the developmental conditions, especially in the critical window of the first 1,000 days of a child’s life. Because infantile development is most intense during the first three years of a child’s life, this period is a critical time to provide stimulation. Early detection of damage makes successful treatment and

¹ Guralnick, M. J. 2001. A Developmental Systems’ Model for Early Intervention. *In Infant and Young Children*, Vol. 14:2. Aspen Publishers, ISEI.

² Wolfendale, S. (1997). *Meeting Special Needs in the Early Years: Directions in Policy and Practice*. London: David Fulton Publishers.

³ Moore, T. G. (2012). Rethinking early childhood intervention services: Implications for policy and practice. Pauline McGregor Memorial Address presented at the 10th Biennial National Conference of Early Childhood Intervention Australia, and the 1st Asia-Pacific Early Childhood Intervention Conference, Perth, Western Australia, 9th August.

functional recovery possible, by means of the unique neurobiological process of perinatal brain plasticity, which can compensate for the existing damage and improve the recovery of impaired functions. Therefore, programs that begin earlier result in a greater improvement of motor and other skills.⁴ Besides correcting disorders and compensating for shortcomings, the following arguments also lay the ground for 'early' interventions:

1. Youngest children are most susceptible to learning.
2. Early intervention can hinder the development of disorders, can prevent a disability or reduce its negative effects.
3. Early support helps parental acceptance of children's developmental problems and can aid the development of appropriate child-parent relationships.
4. Families (including parents, grandparents, and siblings) become natural therapists and take opportunities to support a disabled child's development on a daily basis.⁵
5. The potential cost savings to services that can accumulate as a result of effective early intervention are potentially greatest when children are very young.⁶

For early intervention to be successful, each stage of the process – identification, assessment and help – must be carried out well and followed through. Successful early intervention therefore requires a number of different things to be done effectively, purposefully, and in the right order. It also requires a high level of collaboration between professionals and services.

6. What are the Characteristics of ECI?

ECI systems include an array of interventions directed at infants and young children to encourage their development in different domains. These occur through a variety of methods: physical, language and occupational therapies; special education and inclusive services; medical, nursing and nutritional services; and parent education and support services, including referrals and protective services if required.

ECI services are provided by a wide variety of well-trained professionals who work following parents' leads, based on their needs, using a family-centred approach. In Georgia, as per the Governmental Decree on Programmes on Social Rehabilitation and Child Care, such professionals include early development specialists, psychologists, occupational therapists, speech therapists, physical therapists, special education teachers, rehabilitation specialists, nurses, doctors, social workers, orientation and mobility specialists and surdologists. Other professionals who are specialized in working with young children with developmental delays or disabilities must have an ECI certificate.

Family-centered help is a key concept in ECI. It not only addressed to children, but rather to whole families. Thus, the interaction between specialists and children is just as important as interactions between specialists and parents as well as between children and parents and other family members. This also refers to practices that are individualized, flexible, and responsive to family concerns and priorities. It also includes information sharing so that families can make informed decisions, uses parent-professional collaboration and partnerships as a context for family-practitioner relations, and

⁴ Center on the Developing Child at Harvard University (2007). A Science-Based Framework for Early Childhood Policy: Using Evidence to Improve Outcomes in Learning, Behavior, and Health for Vulnerable Children. <http://www.developingchild.harvard.edu>

⁵ Hadders-Algra, M. (2001), Early brain damage and the development of motor behavior in children clues for therapeutic intervention?, *Neural Plasticity*, vol. 8, no. 1 – 2, pp. 31 – 49

⁶ Feinstein L. (2006), *Predicting adult life outcomes from earlier signals: Modelling pathways through childhood*, London: Centre for Research on the Wider Benefits of Learning, Institute of Education, University of London

promotes families' abilities to mobilize the resources and supports necessary for them to care for and rear their children in competency-strengthening ways.⁷

The ways ECI services are delivered vary. They may be provided at home or at a centre. Although some early childhood programs provide direct therapy-based services for children, ECI service provision takes place primarily in a child's initial and natural environment (within a child's family, through interactions with parents, grandparents, siblings and other household members) as well as with neighbours or family acquaintances and in kindergartens and nurseries.

This is important as not only must parents cope with the process of acceptance of their child's disability, but they must also acquire the expertise to meet care and rehabilitation requirements, to master new skills, and to potentially reorganise their family life to solve the many problems associated with adapting to a completely new situation. Once parents have overcome their adaptation problems, they can be the best therapists for their children, because they are natural caregivers. Thus, to be able to best support their children, parents should receive adequate support as soon as possible.

The age of entry into ECI services varies from country to country. ECI services usually begin at or shortly after birth, and, depending upon need, should continue until developmental goals are achieved and consolidated, the child enters preschool or school, and/or reaches six to eight years of age. The length of time ECI services are provided also varies from country to country: from birth to three years of age, or from birth to school entry or up to a child turning five to eight years of age. In countries with strong inclusive preschool education programmes, ECI services often focus mainly on the critically important period between birth to three years of age. In North America, early childhood intervention covers the period from birth to age three, whereas in Europe it covers the years from birth to ages five or six.

The form of early childhood intervention services provided varies as a function of the system of services that exist in each country. In some countries early childhood intervention is included in the general health care and educational services for all children. In other countries, special programs for early childhood intervention are provided that may be centre-based, home-based, hospital-based, or a combination thereof. Services may include disability identification, assessment, and the provision of direct interventions. Variability may be found in eligibility criteria, accessibility to early childhood intervention, and the extent of parental involvement in the intervention process (please refer Annex 1 for practices of ECI services in selected European countries).

⁷ Wilson, L. L. & Dunst, C. J. (2005). Checklist for assessing adherence to family-centered practice. Family, Infant, and Preschool Program; The National Early Childhood Technical Assistance Center (2010). Family-centered principles and practices.

PART II

7. Early Childhood Intervention in Georgia

Although ECI practice in Georgia has been rapidly evolving to meet emerging needs, it still lacks a coordinated and coherent systemic approach to adequately respond to demand. The early childhood development leaders in Georgia have significantly reformed and updated health and education structures, and created new programmes based on international research and results from the last few decades. The country's primary healthcare services are natural points of entry for identifying and serving special needs children. However, they do not identify all of such children. Although protocols have been established for the provision of education, health and family therapy services, these lack the decentralisation necessary to well respond to child and family needs at community levels.

Georgia does not have a wider, ECI and early inclusive education policy and relies on the state ECD sub-programme and relevant legislations in the fields of health and education. While the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia (MoIDPLHSA) mainly provides therapeutic and clinical interventions and rehabilitations and the Ministry of Education and Science (MoES) supports the realization of children's education rights, both have different methodologies to address a child's needs. In the absence of a common vision, the system lacks effectiveness and efficiency. No detailed inter-agency agreements, regulations and guidelines are in place to enable cross-sectoral coordination and collaboration.

Beyond this, there are **health intervention services** in Georgia for children in at-risk situations or with developmental delays and disabilities. These vary with respect to form, content, methods, availability, and types of specialists. Health services use a wide range of mainly medically based assessments. For instance, the 'Rehabilitation and Abilitation Service' is a medical model to serve children with one or more disabilities. Physicians are the main, and often sole, arbiter of a child's service plan. This forms a 'corrective approach' wherein nurses and therapists work under the guidance of a medical doctor. In terms of medical services, parents tend to become onlookers rather than active participants in their children's services provision.

7.1. Epidemiology of Developmental Delays or Disabilities Among Children in Georgia

The total percentage of children in Georgia in the age range of 0-7 years is estimated at 45% of all children (ages 0-18), with the number of children with disabilities identified as per medical examination in 2020 being 11,740, or 1.26% of the child population (0.3% of the whole population). However, a substantial number of children with disabilities remain invisible. There is no data on children with developmental delays who do not have a disability registered at birth, as there is no methodology for collecting such data. A reference point could be the number of prematurely born infants, who are at increased risk of developing problems. The share of medically premature births⁸ in Georgia is high, accounting for 8.6% of all births in 2018 (a total of 4,397 children) – which means that almost one in every eleventh child is born premature⁹.

⁸ Preterm (preterm birth) is defined as babies born alive before 37 weeks of pregnancy are completed. There are sub-categories of preterm birth, based on gestational age: extremely preterm (less than 28 weeks), very preterm (28 to 32 weeks), moderate to late preterm (32 to 37 weeks). WHO. Preterm Birth. 2018

⁹ Manjavidze, T., Rylander, C., Skjeldestad, F. E., Kazakhashvili, N. & Anda, E. E. (2020) Unattended Pregnancies and Perinatal Mortality in Georgia. *Risk Management Healthcare Policy*. 13: 313-321

7.2. The state ECD sub-programme

The ECD sub-programme in Georgia aimed at children with disabilities, developmental delays and at risk of abandonment has been administered by the Agency for State Care and Assistance for the (Statutory) Victims of Human Trafficking (henceforth, the State Care Agency) as a part of the wider 'Social Rehabilitation and Child Care programme' framework as financed by the state budget through the MoIDPLHSA. The providers of the ECD sub-programme in the majority of cases are non-profit organisations. Early intervention services are provided to families free of charge.

An ECD sub-programme provider fulfilling the standards and principles of early intervention is of the utmost importance. The quality standards for social services are a set of criteria by which the quality of personnel and the operational provision of social services are evaluated within the relationship between the provider and the users. They should describe the goals and methods of provision, as well as the required documentation, providers' obligations, individual planning during the provision of service, complaints about the quality or methods used, etc. (Minimal Standard for Children's Early Intervention Programme).

A gradual increase of the budget and the enhanced coverage of beneficiaries has been apparent since 2013, with the funding of the programme almost doubling in 2022 in comparison to 2019 (rising from GEL 2,100,000 to GEL 4,200,000). As of 2021, the ECD sub-programme covered 2,260 children and their families.

7.3. State ECD Sub-programme Specifics

The ECD sub-programme tries to combine centre-based services with home visits to help ensure full parental involvement. The programme emphasises parents' rights, adapts to a family's needs and requests, and focuses on parental involvement and empowerment. Normally, the service providers of the ECD sub-programme are preparing a child's transition to early childhood education services (specialised preschools or preschool groups, or ordinary inclusive preschool programmes), depending on the parent's wishes and the needs of the child. However, increasingly, and upon a parent's request, some children continue to receive ECI services until they enter school or up to six years of age.

The ECD sub-programme's regulation stipulates conditions for the organisation of early childhood development support, including its aim, executors and their tasks, the scope of initiatives, and who are children with different kinds of disabilities, from the moment a given disability was diagnosed.

The Early Intervention Programme encompasses two main inter-connected areas:

1. **Child development support:** stimulating programmes and techniques, individual and group therapies; offering guidance in selecting appropriate methods.
2. **Family support:** educational, psychological, social and professional counselling; strengthening parenting skills.

Early care services undertaken in service users' home environment. They may be supplemented by out-patient services (especially therapies) and other forms of service provision that are provided in the natural environment of families (outreach services, up to 75% of services are provided at home); – secured by an expert team with appropriate education; – associated with the provision of vocational programmes.

Service delivery specifics: After approximately six months, which can be considered from the counsellor's position and family as cognitive, the counsellor evaluates the current course of the service

and the level of development and, together with the family, develops further goals that are recorded in writing in an individual plan of family support. The content of individual support plans are confidential and their goals are evaluated in periodical summaries. The service is completed when the child reaches the age of 7 or when all pre-set goals have been reached on the part of the family.

The service is usually terminated due to the child's advancing age, which is a criterion for providing the services. Families can terminate the provision of early intervention services at any time, while the provider can only terminate it on grounds specified in the agreement on service provision (e.g., repeated serious violations of the agreement by the user). Prior to the termination of the service, the staff of early intervention centre, together with the family search for services at educational institutions (preschools and special education centres) or social venues (day care, etc.) and develops a final report on the provision of early intervention services for parents.

The first ECI service standards were developed in 2011 by First Step Georgia and the Association of Neurologists and Neurosurgeons with support from the Open Society Foundation. These standards have been revised and amended over time. In June 2020, the MoIDPLHSA adopted the current standards that cover ten areas:

1. Information about the service and the beneficiary
2. Equal access to services, family involvement, and inclusiveness
3. Confidentiality protection
4. Protection from violence
5. Early intervention services, the basic principles and individual approach
6. Feedback and complaint procedures
7. Requirements of ECI personnel
8. The ratio of beneficiaries and service professionals
9. Termination of services / leaving the services
10. Team planning and in-service training

8. ECI Provision Gaps in Georgia

There are a number of challenges in the provision of early, adequate, sustainable, outcome-oriented, family-centred and evidence-based ECI services in the country. These barriers stem from interlinked structural factors in the country's social, health and education systems and their resolution requires systemic intervention.

8.1. Early detection

Early detection of disabilities or developmental delays is crucial for achieving the goal of the ECI programmes. Health care services, especially maternity and hospital and clinical services, have great importance in detecting delays and difficulties as soon as possible. Family doctors also have a particular community-based role in monitoring the health and development of children in the first two years of life. However, the key entry processes for ECI – screening, referral, diagnostics and tracking – are not widely established in Georgia and the current practice is incoherent and lacks expertise and coordination, leading to the most sensitive period of early childhood development being missed.

Neonatologists are theoretically the first experts who can offer early intervention services to a family after identifying a child's impairment. Paediatricians are other specialists who can offer a valuable source

of information about a child, and who should be informed of the possibilities of early intervention services for families of children with disabilities. The need for the systematic registration of children at risk of disability has not been addressed by regional paediatric centres or family doctors.

The **impact of poor perinatal mental health** can be severe. Maternal depressive illness and anxiety have been shown to affect an infant's mental health and can have long-standing effects on a child's emotional, social and cognitive development. Perinatal psychiatric disorder is also associated with an increased risk to both mortality and morbidity in mother and child. There are no perinatal mental health services focusing on the prevention, detection and management of mental health problems that occur during the perinatal period – pregnancy and the first year after birth. This includes new-onset mental health problems, as well as recurrences of previous problems, and women with existing mental health problems who become pregnant. Effective mental health support for parents and carers, enabling them to develop a secure bond with their new baby, still needs to be integrated into the pre- and post-natal services in the country.

Services to support disabled or seriously ill babies, including those born prematurely, are not part of the universal pre- and post-natal care. This means there is a need to find ways to improve earlier identification of ECI needs. We know that the first 1,001 critical days can be challenging for parents of disabled or seriously ill babies as they juggle hospital stays and appointments or adjust to the news of their baby's condition. Families with disabled children still struggle to find high quality referrals and support. Special needs and disability services are not part of universal child health offer that is free of charge until the age of 3.

These and other structural barriers lead to late detection, which means that interventions also happen late, at a point when health, social and behavioural problems have become deeply entrenched in a child's life. Delayed intervention tends to increase the cost of providing a remedy for these problems and reduces the likelihood of actually achieving one. More often than not, delayed intervention results only in expensive palliative measures that fail to address the problems at their source.

8.2. Availability

In Georgia, it is predominantly the non-for-profit sector (NGOs) and private special therapy centres that provide early intervention services in collaboration with the MoIDPLSHA. Currently, around 40 service-providing NGOs have been formally registered throughout the country as a part of the MoIDPLSHA's mandated licenced framework (that is funded through the state budget and allocated and approved annually as a part of the national 'Social Rehabilitation and Child Care Programme'). As per the state ECD standards, they all focus on children with disabilities from the 0-7 years age group and their families. The services are mainly concentrated in large cities with there being some variation of quality across the country. No ECD services are available in the Mtsketa-Mtianeti region. As an integral part of the service is the provision of interventions in familiar settings or natural environments (at home, in kindergartens, etc.), it should be noted that the distance to these locations and the cost of transportation remains a challenge.

Beyond the state ECD sub-programme, rehabilitation services related to same target group are also financed by the National Referral Programme (Governmental Decree N.331, 2010) or, in some instances, through municipal budgets. The latter has been sporadic and unsustainable, it is not results-oriented and lacks alignment to state ECD standards. There have been very few instances of continually administered service provision by local authorities that target the group of children that are also covered by the ECD sub-programme – examples being the Rehabilitation Programme for Children with Autism Spectrum Disorders for the 2-15 age group, as financed by the Tbilisi Mayor's Office, and the ECD programme as provided by Batumi municipality. As for the National Referral Programme, it is intended for vulnerable

families whose socio-economic vulnerability score is below the defined threshold. In some instances, decisions regarding the allocation of finances for service provision are made individually by specially designated committees – all of which highlights the fragmentation of early intervention service provision in the country.

8.3. Accessibility

Despite the fact that the capacity of the state ECD sub-programme has been increasing in terms of the budget, cost per session (including the supervision component for the professionals providing the service) and the number of children covered, it still cannot accommodate demand, which has been growing exponentially over the last few years, especially in the post-COVID-19 period. The number of beneficiaries in the programme increased by 43% from 2019 to 2021, with the largest group (around 45%) having autism spectrum disorders as per the International Classification of Diseases (ICD-10), ranging from F84.0-F84.9. Although the capacity of the programme has increased (it now covers 2,260 children), more than 1,100 children have been waitlisted for the sub-programme in 2022 so far (see **Table 1**). For the 4-7 age group, the waiting time typically ranges from seven months to one year, while the 0-3 group can be admitted faster due to the sub-programme’s prioritization of this target group. However, it should be noted that despite that prioritization, the share of the latter age group still does not exceed 13% of total programme beneficiaries (see **Graph 1**). Given the importance of early-stage interventions, this consequently reduces the overall effectiveness of the programme.

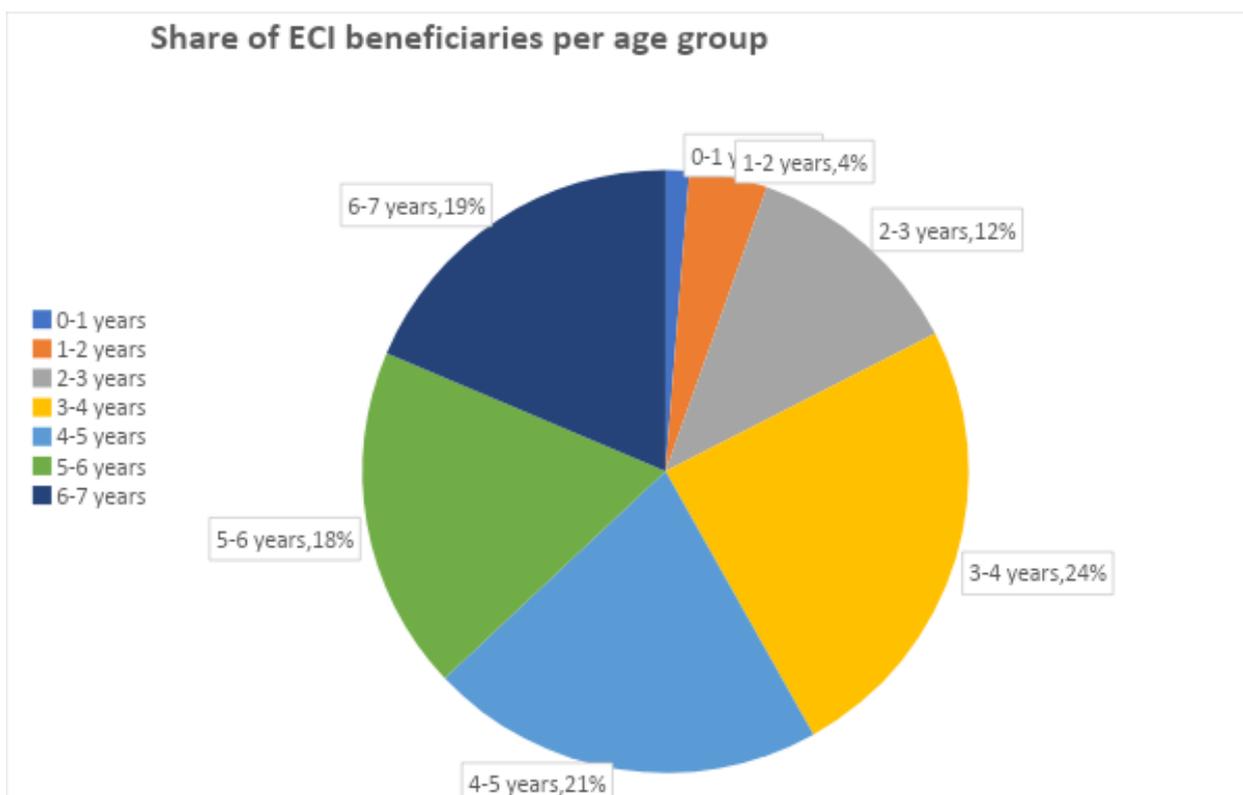
Table 1. Number of children covered by the existing ECD sub-programme per region and waitlist in Georgia (based on the State Care Agency data as of August 2022)

	Region	Organizational limits defined by the MoIDPLHSA	Current vouchers	Waitlist (number of children)
	Tbilisi	1,130	1,095	668
	Kutiaisi	370	325	115
	Batumi	105	95	-
	Rustavi	122	122	120
	Poti	45	16	-
	Kobuleti Municipality	100	54	-
	Lagodekhi Municipality	20	20	-
	Marineuli Municipality	42	39	
	Akhaltikhe Municipality	20	20	9
	Gori Municipality	142	142	93
	Borjomi Municipality	100	43	-
	Zugdidi Municipality	130	130	1
	Zestaponi Municipality	60	60	18
	Ozurgeti Municipality	50	50	21
	Mestia Municipality	10	4	-
	Telavi Municipality	120	120	36
	Gurjaani Municipality	30	19	-
	Chokhatauri Municipality	50	37	-
	Ambrolauri Municipality	20	6	-
	All	2,666	2,397	1,107

The state ECD sub-programme is administered through a voucher system, the amount of which is defined by the MoIDPLHSA per region. Obtaining a voucher enables enrolment in ECD services in

respective regions. However, due to the unavailability of services in some geographic locations, a child that is otherwise eligible for the programme can be left without. For instance, if a service provider is registered in a particular region but is unable to cover all administrative units within that region, a child may still be unable to access the service, despite having received a voucher by the Care Agency. In addition, there is no way of knowing whether the service is targeting the most vulnerable children in the area as the identification of needs on the municipal level is limited or almost non-existent.

Graph 1: Share of ECI beneficiaries per age group (based on State Care Agency's data)



Another issue that hinders accessibility to the programme is related to its poor administration, lack of information made available to parents, and registration issues related to the lack of a designated online platform. The latter could enable both the provision of information on the state ECD sub-programme and permit online registration and enrolment in the service. Currently, a voucher is provided in material form, requiring, in every instance, a parent to collect it from a regional office of the State Care Agency and then present it to the service-providing organisation (a single voucher only covers one month of service provision of a maximum of eight visits). In addition, once admitted in the system, a parent is responsible for making efforts to find an available place through contacting different service providers.

Another aspect related to the accessibility of knowledge and information concerns the lack of parental support programmes on positive parenting. These are not available locally. To bridge this gap, it is important to implement innovative approaches to facilitate better provision of information and to offer parents guidance through digital platforms. These can address the burden of caring for children with developmental difficulties, build parental capacity on how to identify developmental delays, ease the burden of stress once a problem is identified, and teach parents how to respond to difficult behavioural problems through responsive and positive parenting starting from the postnatal period.

8.4. Quality

The current approach to quality assurance and the monitoring of the effectiveness of the ECI programme is disparate, disjointed and significantly underdeveloped. Monitoring of the ECD sub-programme, as conducted by the MoIDPLHSA, only looks at process and compliance factors rather than at the quality, impact and outcomes of the early intervention for the child and family. The funding of the service also encourages a service-oriented conceptualisation of early childhood intervention, rather than an outcomes-based model. A lack of qualified staff, limited expertise, and an unclear definition of needs, result in great variation in the provision of services among different regions. Besides, some beneficiaries of the state ECD sub-programme are also involved in other, medical rehabilitation programmes (for instance, the physical rehabilitation sub-programme) that, despite being financed under the wider Social Rehabilitation and Child Care scheme, are positioned beyond the early intervention framework and, unlike the ECD sub-programme, represent a biomedical pathway of service provision. This makes case management and service coordination more fragmented and inhibits a child- and family-centred outcome orientation.

There is a need to focus more closely on measuring the outcomes of interventions to demonstrate the impact of the service and the value for money. The development of a national outcome framework and evaluation methodology, in consultation with service providers, can guide the reorientation and improvement of ECI service provision, enable a better categorisation of needs and ensure the appropriate response.

8.5. Human resources

Staffing issues add to the difficulties facing the sector, with recruitment, retention and training being problematic. A shortage of skilled professionals negatively impacts the quality and quantity of support that families receive. To be qualified as an early intervention specialist, one is required to complete a training course that is licensed by the MoIDPLHSA. Currently, the only course provider is the Early Childhood Coalition. The cost of first-stage, basic training that lasts for three months is GEL 1,200. Further options for the enhancement of competencies for early intervention professionals are also available in the form of two six-month-long programmes that also require out-of-pocket payment.

For the ECD service to work effectively, merely increasing the number of early development specialists is not enough. However, their increase could ease the workload of other professionals if the service provision framework and its administration is wisely revised in alignment with international evidence-based practices. This could entail decreasing the upper age limit for retention in the service from 7 to 5 years and better aligning the service's conceptual framework to children's developmental stages and age-specific risk and protective factors. In most European countries, a distinction is made between the groups of up to 3 years, from 3-5 years and from 5-7 years (the school preparatory stage for children who are enrolled in the early childhood education and care (ECEC) system is the latter group). In the wake of the government's commitment to better integrate inclusive education in ECEC – with the Ministry of Education and Science having already developed and approved special guidelines for service provision, and with some good practices being observed in certain municipalities (Marneuli, Tbilisi, etc.) – efforts can be made to better integrate early childhood intervention within the broader ECEC system in the country.

8.6. Coordination

Fragmented responsibilities: In the current landscape, the MoIDPLHSA leads children’s social and health care and shares the early years policy with the MoES, while local authorities lead the provisioning of ECEC services. The MoIDPLHSA also has separate finance provisioning for certain early years interventions for vulnerable families, while certain municipalities (with a great variation among them) provide short-term early intervention social programmes and finances. This fragmented policy landscape works against the careful application of the evidence in forming policy and initiatives. There is a clear need for a renewed effort to coordinate the work of all involved stakeholders and agencies, and to establish a strong national voice and leadership for policy.

At a local level, early intervention can be undermined by the fact that its benefits often do not accrue to those who invest in it. The decision to invest will often rest in the hands of a local government department that, because the benefits of early intervention tend to be long-term and widely shared, may not directly benefit from that investment. There is a need to address these problems.

Different sectors (health, social support, education) and different disciplines are involved in ECI service provision and there is a clear need for efficient co-ordination among and within these sectors to fulfil the aims of the ECD sub-programme and to ensure its efficiency and quality. A standard operating procedure that clearly defines roles and responsibilities among and within sectors and includes regulations about sharing data, needs to be developed. A clear system for the coordination and transition of a child between services should also become part of this process.

Following the development of the State Action Plan for ECI for 2018-2020, a multi-stakeholder coordination body (including representatives from the Parliament of Georgia, the Ministry of Education and Science, the Ministry of Regional Development and Infrastructure, international organisations, service providers and municipalities) was created under the MoIDPLHSA to monitor the implementation plan. Based on this experience, it is important to institutionalize this kind of coordination body within the ministerial structures and involve all relevant parties. This could become a country coordination mechanism/task force for wider early childhood intervention policy and programme development and oversight. Development of a mid-term strategy and action plan that aligns with the State Concept of ECI for Child Development, as approved by the Parliament of Georgia in 2017, is also necessary for the development of ECI in the country.

8.7. Decentralisation

Generally, in social protection service provision, the vast majority of the powers and responsibilities are concentrated at the central government level in Georgia.¹⁰ Thus, the administration of care and social support interventions for children with special needs or those with developmental delays are mainly centralized and coordinated by the MoIDPLHSA and the State Care Agency. However, in the last three years the Georgian government has passed three important laws (the Law on Social Work, the Code on the Rights of the Child and the Law on the Rights of Persons with Disabilities) that create the legal basis for transferring some of the tasks and responsibilities for social service development and provision from the central to local governments.

In addition, the Decentralisation Strategy 2022-2025 envisages the division of powers and delegation of responsibilities to local levels, including realisation of social rights. These developments substantially increase the role of municipalities, which could contribute to the increased efficiency of the social protection system’s performance. Local self-government is closer to the local population and can thus

¹⁰ Zurabishvili, N. (2021). Analysis of the framework for the delegation of the social services to municipalities in Georgia

identity existing needs better than the central government. However, a matter of concern for the development and implementation of ECI services concerns is how well the local self-governing units are equipped with the necessary human and financial resources, methodologies and tools.

In the last few years, the role and involvement of local administrative bodies in supporting social services for children with disabilities or special needs have been increasing. Since 2013, some municipalities have been financing early intervention services, rehabilitation services for children with autism spectrum disorders, and inclusive education support for pre-school children with special needs. The latter is organised and administered by Kindergarten Management Units in some municipalities.

The MoES is involved in the development and guidance of ECEC policy, including its inclusive educational dimension. Municipalities are formally delegated broad autonomy in the provision of ECEC, financing public preschools and having the freedom to tailor early education and care services to local needs. The mandate of the MoES and MoIDPLHSA in assuring ECEC policy implementation only entails the provision of methodological guidance. The capacity of central governmental entities in establishing, implementing and monitoring provision of inclusive early childhood education is scarce. Therefore, it is necessary to bolster municipalities' capacities and capabilities to better provide early intervention help and inclusive pre-school services. However, further assistance is required to enable delegated social provisions on a local level through institutional capacity building and supervision.

8.8. Other Considerations

Further efforts are required to institutionalize ECD interventions in the broader ECEC system, especially at the stage of pre-school preparatory levels that exist in every public kindergarten. The number of children with special needs in early education institutions is increasing, especially in the 4-6 age group. The MoES is committed to start pilot programmes to integrate inclusive early childhood education standards in four municipalities (Dmanisi, Dusheti, Keda and Marneuli) from 2023. This momentum requires further acceleration of inclusive education interventions that could respond to the early intervention needs of children and their families with special needs. This approach would also enable the flow of beneficiaries to the state ECD sub-programme, permitting a better response to children's developmental needs and, hence, better enabling the service to achieve its goal of providing early intervention before a child's condition becomes acute. As parents who are currently enrolled in the state-run ECD sub-programme understandably do not want to leave their children without early help, it is important to establish alternative, transitional services while refining the state ECD standards.

SDGs and ECD: By responding to the challenges outlined above, the project can also aid the accomplishment of the UN's Sustainable Development Goals (SDGs), which include several targets related to early childhood development. SDG Goal 4 on inclusive and equitable quality education and its target 4.2, in particular, sets the objective that, by 2030, all girls and boys will have access to quality early childhood development, care and pre-primary education so that they are ready for primary education. Indicator 4.2.1 further emphasizes the need to increase the proportion of children aged from 24–59 months who are developmentally on track in terms of health, learning and psychosocial wellbeing. All of which should be supported through the five components of nurturing care – health, nutrition, early learning, responsive caregiving, and security and safety – and be facilitated by a supportive policy environment and services.

9. Enabling Environment for ECI Development in Georgia

The ECI policy and conceptual framework in Georgia draws on the United Nations Convention on the Rights of Persons with Disabilities and the United Nations Convention on the Rights of the Child. Georgia is a signatory of both documents. More specifically, Article 23 of the Convention on the Rights of the Child (including General Comment 7 to the CRC Implementing Child Rights in Early Childhood), and Articles 7, 23, 24 and 25 of the United Nations Convention on the Rights of Persons with Disabilities specify the standards by which all parties can guide the development of programmes, services, and laws necessary to comply with the conventions.

Beyond these international legislations, the national Law of Self-Governance, the Law on Social Work, the Law on Social Assistance, the Code of Rights of the Child, and the Law on the Rights of Persons with Disabilities, which have been adopted over the last few years, set the rules, regulations and conditions for social protection, support and care provision for children, including those with disabilities and special needs. These laws also create strong legal bases for transferring some of the social support and care responsibilities from the central to local authorities, enabling the decentralisation of social support service provision.

Beyond these legislative acts, a number of sectoral laws and regulations create an enabling environment. In particular:

1. The Law on Early Preschool Education and Care, as adopted in 2016, has been a driving force for the reformation of the ECEC system though mandating the provision of inclusive early childhood education and care. This is translated into ensuring improved access to preschool services, equal opportunities, and high-quality, inclusive educational programmes for all children. Following this law, in 2017 the Government of Georgia approved National Standards for Early and Preschool Education and Professional Competence Standards for Preschool Caregiver-pedagogues that further clarify the obligations for designing methodologies in accordance with inclusive education principles and ensure the accessibility of these resources in local municipalities. Municipalities are obliged to provide the necessary resources while the local preschool facilities to ensure accessibility and inclusive preschool education and care.
2. The United Strategy of Education and Science of Georgia for 2023-2030 emphasizes inclusive education as a leading theme to be addressed at all levels of education, including the public preschool system.
3. In September 2017, the Parliament of Georgia developed a National Concept on Early Childhood Intervention. Based on the concept, a national Early Childhood Intervention State Action Plan for 2018-2020 was approved by Parliamentary Resolution N.234 in 2018. An inter-agency, inter-sectoral working group was established to oversee the implementation of the plan that aimed to (i) facilitate development and expansion of ECI services throughout the country and elaborate guidelines for early detection, referral and transition procedures related to ECI; (ii) strengthen inter-agency collaboration and the capacity building of municipal agencies to support ECI development and service decentralisation at regional levels; and (iii) facilitate the preparation and capacity building of the ECI workforce.

In recent years, the role and participation of local governments in supporting services for people with disabilities has been growing, including the finances for early help services. Some efforts were made in the development and piloting of an electronic child growth and development monitoring module in the healthcare sector with the assistance of UNICEF in the Adjara region. In addition, guidelines for the identification of developmental delay/risk factors and referral procedures were prepared and distributed to primary health care teams in the same region. In 2021, the Recommendations on the

Surveillance/Monitoring and Screening of the Development of Children Aged 0-6 years – the state standard for clinical management – were elaborated in the framework of cooperative efforts by Caritas Czech Republic (CCR Georgia) and UNICEF. Despite all these efforts, mechanisms to identify and reach young children with disabilities or those at high risk need to be properly developed throughout the country with coherent and efficient referral systems, so that health, social support and educational systems contain clear criteria for identifying and classifying children in need.

10. Main stakeholders in the field of ECI in Georgia

Currently, the main providers of ECD services are NGOs operating through MoIDPLHSA funding. They cooperate with other services, including medical and social care (administered by the State Care Agency) and those informally connected to the pre-school system (nurseries and kindergartens operating under the direction of municipalities). Complementary services include clinics and medical practices, hospitals, maternity hospitals, and neonatal intensive care units. The responsibilities of each stakeholder are as follows:

Central government: Establishing regulations and exercising powers for the fulfilment of their obligations is the responsibility of four ministries in the country:

- **The Ministry of IDPs, Labour, Health and Social Affairs of Georgia (MoIDPLHSA)** finances ECI services in the NGO sector and, in some instances, those of private service providers, including medical organisations (through the Referral Programme). The administration of the programme is conducted by the **LEPL State Care Agency**, a legal entity under the MoIDPLHSA.
- **The Ministry of Education and Science** of Georgia approves, revises, and guides the implementation of state standards for early and pre-school education, including standards for inclusive pre-school education and development. Multidisciplinary groups created under the ministry coordinate and assess school readiness for children with special needs to enable their smooth transition to school and inclusive service provision.
- **The LEPL National Centre for Educational Quality Enhancement** within the Ministry of Education and Science of Georgia carries out the authorization of educational institutions and the accreditation of educational programs, as well as monitoring the implementation of authorization and accreditation standards. The centre works on improving both external and internal quality assurance mechanisms, overseeing their implementation and the creation of relevant recommendations. The centre also supports the creation and development of educational programs.
- **The LEPL State Agency for Employment Promotion** develops programmes for employment promotion, including subsidized employment for the vulnerable, job matching, counselling, and job search assistance. Additionally, programmes are available for job seekers' vocational skills development, including the provision of vocational guidance and career planning, development of job seekers' core competencies, and vouchers for short-term professional training/retraining/upskilling with providers accredited with the MoES.

Local government (municipalities): There are 69 municipalities in the country. The Local Self-Government Code gives the power to municipalities to undertake social support and protection interventions for children. For instance, the organization and provision of pre-school education and care is the sole responsibility of local self-government bodies. These municipalities are also responsible for the provision of quality pre-school education, its administration (that is conducted by legal entities called

Kindergarten Agencies/Units created under municipalities) and the management and monitoring of the services of local kindergartens.

Recently, **Municipal Child Protection Units** have been created to ensure the protection of child rights and to provide the necessary support to children in their respective geographical areas. The responsibilities of the units include the identification of the needs of children and their families in local communities, especially those in crisis, and responding to them through the development of relevant programmes, the development of individual plans for their support and assistance, and coordinating the provision of existing services. As the relevant law has only recently been adopted it lacks complementary institutional mechanisms for its practical implementation. The mentioned undertakings are thus very weak in almost all municipalities.

Service providers: ECD services are provided by NGOs. Service providers are licenced by the MoIDPLHSA and are financed through a voucher system by the State Care Agency. The vouchers cover one month of service provision per child that should not exceed eight sessions. In addition, some NGOs and/or independent centres with an interest in particular conditions (e.g., Down's syndrome, autism) offer services. They often operate based on mainly public financing, with some amount through funds raised to enable some families to use their services free of charge. In parallel to the NGO-run ECD services, there are some **private clinics, centres, practitioners**, etc. In the private sector, it is usually the parents who have to cover the costs of early intervention services. In some cases, for example with the referral programme, local authorities occasionally provide funding to enable a family to use private services. However, such instances are rare and sporadic. Due to fragmentation, there are some duplications of services, for instance when a child uses a municipality-funded service and at the same time is enrolled in the state-run ECD sub-programme or receives early intervention through the referral programme.

The Coalition for Early Childhood Development is an association of non-governmental organizations, focused on the early development of children, protection of children's rights and welfare. It aims enhancing the quality of early intervention services, presenting early intervention as a discipline and service for general as well as professional public and potential clients, increasing the prestige of the profession of early intervention counsellors, and providing training facilities to early intervention workers. The majority of state-financed ECD service providers are part of the coalition. The coalition represents the main body of early childhood development professionals, representing members at central and regional levels in advocating the rights of young children with disabilities and developmental delays and their families to help ensure they have access to quality ECI services and support. They also support professionals' capacity building and service delivery through their expertise to optimize outcomes through best practices. The coalition collaborates closely with relevant government bodies and agencies.

The Child Development Institute is a multi-profile institute operating under Ilia State University that creates the opportunity for education and research in the field of child and adolescent development. At present, the clinic comprises four centres. They have enjoyed more than six years of partnership with Caritas Czech Republic, which has included cooperative projects supporting the development of services for children with autism spectrum disorders in Georgia and focusing on the improved quality and diversity of services throughout the whole country.

The health sector plays a leading role in the early identification and referral of children with special needs or developmental delays. The main services provided by the health sector are maternity and child medical services offering pre- and post-natal care and ambulatory services that exist in each municipality. This revolves around the service provision of family doctors and referrals to other, specialized primary, secondary and tertiary services.

Nurseries and Kindergartens, both public and private, are the main services providers of pre-school education services. The enrolment rate of pre-school children in public pre-school education and childcare services is 69% of all children aged 2-6 in Georgia. The average coverage rate in state-funded, full-day pre-school for children aged 2-4 years is 65%, rising to 95% for children aged 4-6. No official

statistics exist regarding the number of such children that enter public or private ECEC settings. However, empirical observations suggest that their enrolment has increased considerably over the last few years. Georgian ECEC emphasizes the idea of inclusive education using individualized teaching methods. The services of an inclusive education specialist/carer should be provided by a kindergarten upon the request of a parent, subject to their availability. However, specialised services for children with special needs or with disabilities are not well integrated in the public ECEC system.

The parents and families of children with special needs, developmental delays or those at risk of abandonment are important stakeholders. It is evident that the best way of creating cost-effective, family-focused and responsive services that work for children and families is to cooperate with and involve parents at every level of planning and developing services for their children.

PART III

11. Conclusion and Next Steps: Implications for Policy and Programming

Georgia has strong policy support and a firm legal basis for its ECI and inclusive early education system – including minimal standards, the Child Rights Code and other legislation that all support the further enhancement of ECI programmes in the country. However, the current system is not designed in a way that fully enables early intervention. To build the system that supports early intervention, more fundamental changes are required.

There are five particularly intransigent barriers to implementing effective early intervention at scale which must be overcome if the potential of early intervention is to be realised:

Strong policy support, a legal basis for the ECI system, and inter-sectoral agreements and guidelines promote the development of sustainable, culturally appropriate, comprehensive and continuous ECI services.

Leadership and strategic planning: there is a need to advance policy and the strategic and regulatory framework to better respond to developmental difficulties in early childhood through cross-governmental, inter-agency and inter-sectoral work by:

- **Establishing a leading, ECI taskforce/working group** on early intervention at the MoIDPLHSA to provide ECI service-related guidance, coordinate country-wide early intervention service provision and oversight. This should consist of representatives that can draw on informed advice and practical experience from those within government and those who deal with practical ECI issues.
- **Develop a mid-term strategy and action plan for ECI sector development,** envisaging a 5-7 year horizon, anticipating the gradual, targeted progression of the coverage of children in need that are identified early, referred to and involved in ECI services.
- **Revising and refining standards for ECI service provision** to enable better administration of services and to respond to the existing needs and the overall aim of the ECI programme. An evidence- and best practice-based approach is integrated through the definition of standards for service provision (including intensity, types of interventions, etc.) for the first 1,000 days of a child's life, for the older age group (3-5) and to support provision in the process of transition to early childhood education facilities in coordination with ECEC services (for ages 5-7).
- Developing a specific **mechanism for the delegation of ECI services in municipalities** and a relevant methodology to enable needs-oriented service provision.
- **Standard operating procedures (SOPs)** to be developed and implemented in coordination with key involved/service providing sectors (from identification to enrolment in the service and transition), including health, social support and education.

Funding: Providing effective ECI services requires long-term investment at a level that is sufficient to enable the commissioning and implementation of high-quality interventions by skilled and experienced professionals to meet a range of child and family needs. Small, short-term, single-issue funding pots from local government can be especially unhelpful compared to the advantages of long-term, strategic funding.

- **Focusing investment on children's earliest years to secure the best outcomes for them** will be crucial for giving every child the best start in life and to reducing health inequalities. Later

interventions, although important, are considerably less effective if children have not had good early foundations. This means investing in supported prevention and early intervention initiatives.

Orientating services more towards early intervention: Early, timely and equitable access to services is crucial. When early intervention is embedded it can relieve the pressure on other social and support services, so the given level of resources are used to better effect.¹¹ This means applying a more reliable predictive approach towards pregnancy and a child's early years:

- **Pre- and post-natal period:** Some health conditions associated with disability may be detected during pregnancy where there is access to pre-natal screening, while other impairments may be identified during or after birth. **Screening or surveillance** of children's development may take place during visits to general child health-care services; there may be targeted early identification procedures in place (e.g., screening for visual and hearing impairments in healthcare or education settings); and public health activities, such as immunization campaigns, may also provide opportunities for early identifications.
- **Early intervention through home visit programmes during and after pregnancy** can be effective in improving the health, wellbeing and self-sufficiency of low-income, young first-time parents and their children. Ensuring that parents have access to support during pregnancy is particularly important and such family support needs to start prenatally to improve the health and well-being of mothers and their children.

Mainstream service provision through inclusive healthcare and pre-schooling offers children with disabilities a vital space in which to ensure optimal development. Further efforts are required to strengthen both dimensions.

- **Primary health care** is a natural starting point for identifying and addressing the needs of children with disabilities, with appropriate referral for more specialized needs where required. Therefore, where possible, all primary health services should better incorporate early identification, intervention and family support components as part of existing services.
- **Inclusive pre-school and early primary schooling offers** children with disabilities a vital space in which to ensure optimal development by providing opportunities for child-focused learning, play, participation, peer interaction, etc. Children with disabilities are still often denied early years of primary schooling, and when enrolled – due to a lack of inclusive approaches and rigid systems – they often fail, or are encouraged to dropout during this critical developmental period. Therefore, it is crucial to promote and implement inclusive education for all children, including those with disabilities, and to call for the provision of assistance to ensure full and meaningful learning and participation.

Availability and accessibility: It is necessary to enhance the accessibility and availability for ECI services and to strengthen the practical undertaking of the statutory duty of local authorities to better respond to the local needs of vulnerable children and their families through a more decentralized, needs-based and family-centred approach in selected municipalities.

- **An ECI service is established in all regions**, including those where the ECI services are not available (Dusheti municipality).
- **The capacity of Municipal Child Protection Units** is strengthened in terms of the identification, response and referral of vulnerable children to ECI services in selected municipalities.

¹¹ HM Government (2010), Maternity and Early Years, Making a Good Start to Family Life, *The Marmot Review, Fair Society, Health Lives*

- **Inclusive educational strategies** are developed and institutionalized in municipalities in close cooperation with the MoES and in alignment with the Early Childhood Education and Development Standards developed by UNICEF/MoES.

Capacity development of human resources across relevant sectors to address disability: Develop a modern workforce that can better address the needs of families in need of ECI services through the training and retraining of professionals and the provision of in-service supervision.

- Development of a well-defined **educational programme in ECI, including a curriculum and implementation manual**, that draws on the Early Childhood Coalition's training course and international evidence-based practice.
- The **educational programme in ECI to be accredited** by the National Centre for Educational Quality Enhancement and provided for free by the LEPL State Agency for Employment Promotion as a part of its mandate to implement its active labour market policy and upskilling agenda.
- The number of **upskilled, certified ECI professionals** are increased by at least 5% over a five-year interval in comparison to the baseline.
- **Healthcare professionals'** (paediatricians, other doctors, nurses, midwives, and other primary health care workers) capacity in the early detection (screening and surveillance) of developmental difficulties of babies and young children and in referral procedures is strengthened. The state protocol on the Neurodevelopmental Monitoring and Screening of Children and the clinical management protocol for primary healthcare on the Monitoring and Oversight of 0-6 Year Children's Development are used for this purpose.
- **Pre-school teachers'** capacity is built up in terms of inclusive early education practices, with strategies developed and institutionalized.

Quality Assurance: Strengthen the quality of ECI services through policy measures and guidelines that clearly define quality standards for ECI services and ensure their implementation on local levels.

- **Support the development and use of evidence-based early intervention** practice. Many licensed prevention and early intervention programmes are now available. Before investing in a particular programme, it would be advisable to carefully assess its evidence base. A number of research institutes have reviewed the results of many different programmes and their work can help inform decisions about which programme to select.
- Effective early intervention also needs to be delivered by **a suitably qualified workforce**. A lack of suitably trained practitioners can be a barrier to delivering effective interventions. Where families' needs are more complex, many of the targeted and intensive programmes that have been shown to be effective require experienced and highly qualified practitioners; however, these may not be available in a particular area. The need to strengthening their capacity is important to ensure the quality of the programmes.
- **ECI services standards** for each type of service and age group of beneficiaries should be refined and approved.
- **An effective monitoring system** for service providers based on quality standards and a shared outcome framework should be established.
- **Supervision, mentoring, and coaching methods** are enhanced and institutionalized through the provision of professional supervision and regular management oversight, particularly in respect to decisions regarding whether families need more formal help from the service.
- **Data and evidence:** Systematically collecting and analysing data to produce evidence about what works and what does not is a crucial element in an effective early intervention approach.

Service Coordination and Cooperation: Enabling better co-ordination of ECI provision, bridging existing gaps, overlaps in service provision and inefficiencies.

- A **cross-sectoral coordination guideline** should be developed and institutionalized in municipalities that specifies the roles and responsibilities of all involved parties in ECI from identification, surveillance, referral, service provision and the transition of a child to other services.
- Specific measures to be developed for **ensuring co-ordination across sectors** and preventing overlaps between different services and sub-programmes.
- A **guideline** is created to aid the smooth transition of children in different services and for ensuring continuity of care.
- **Inter-agency early identification, assessment, case management, tracking and follow-up** systems to be developed and implemented to ensure that children are not “lost” in the system.

A **shift towards a more localised, decentralized** approach to ECI service provision is important. The approach should be based on several principles: (i) that early intervention is key; (ii) that the central government’s role is to support, facilitate and work with local government and other partners to tackle issues together; (iii) that solutions should be focused on outcomes and be underpinned by evidence; and (iv) that successful strategies should be identified and shared widely within the ECI sector.

Technology and innovation: Enhance access, delivery and overall administration of the ECI sub-programme through the use of innovative and digitalized services.

- A **digital platform/ECI service provision map** is developed at the national level to complement face-to-face services and to provide clear information and guidance. The platform provides information on the process of enrolment in ECI services, the availability of places, enables the online application for and collection of vouchers, etc.
- A **digital app on positive parenting** is developed and shared among potential and ECI-enrolled parents. The app will facilitate the enhancement of positive parental skills and support parents in all three phases of addressing developmental difficulties – prevention, early detection and management of difficult behaviour – through providing accurate information from a trustworthy source that is easily accessible and understandable.

PART IV

12. Annex A. International Practice on ECI

The origins of early childhood intervention are connected with the 1960s, when the US started to pay significant attention to the development of social services focused on families and children from socially disadvantaged backgrounds. Efforts were subsequently made to actively engage parents into the educational processes of their children. This was the stage where experts began focusing on families perceived as a whole, with the aim of strengthening their competences.

While in the United States the term early childhood intervention generally refers to preschool programs, in most European countries (Austria, Switzerland, the Czech Republic and others) there are concrete services providing home support to children with disabilities in family environment. Generally, when developing ECI services the anticipation is that they are required by a total of 6% of children from birth up to 6 years of age – representing children whose optimal healthy physical, social, emotional and cognitive development is at risk – and therefore their families are entitled to benefit from early intervention services.¹²

Common Features of Effective Early Childhood Intervention

Effective contemporary quality ECI services, including the following elements:

- **ECI is a social model** that integrates elements related to education, health, therapies, nutrition, social protection, child and parental rights and welfare, and requires coordinated support from these major sectors.
- **ECI is strengths-based**, focusing on the comprehensive and holistic development of the child and the family. It does not seek to “cure the child” but helps children with differing abilities fulfil their potential.
- **ECI is family-centred and child-focused**. Parents are key actors who decide on the goals for their child. They participate in the development of individualized plans and deliver ECI services in home settings, supported and coached by professionals in responding to their child’s and their own needs.
- **ECI is individualized**. Service providers prioritize the child’s strengths, interests, and motivations, delivering ECI services with the context of a child’s everyday activities.
- **ECI is continuous** and aims to ensure the child’s transition into inclusive education, starting from the earliest detection of difficulties and providing support until the child attains typical levels of development and/or can be supported to participate in inclusive, mainstream education settings.
- **ECI is evidence-informed**: The strategies used by transdisciplinary teams are based on the highest quality evidence available and are implemented in a coordinated and comprehensive manner.
- **ECI is outcome-driven**: The transdisciplinary team delivers services intended to increase the child’s ability to participate in age-appropriate activities and routines.
- **ECI is contextualized**: Intervention planning and implementation accounts for where and when a skill will be performed in the child’s natural environment.

¹² Pretis, M. (2012), Families’ First in Early Childhood Intervention: A Theoretical Approach towards Parent’s Involvement and Increase of Efficiency of the Early Childhood Intervention, *The Journal of Special Education and Rehabilitation*, vol. 13, pp. 7 – 18.

- **ECI is transdisciplinary, integrated and team-based**, bringing together professionals from all relevant disciplines and sectors to provide one united service to families and their children, with a focus on supporting, mentoring and coaching parents and family members as the best way to serve the child.

12.1. ECI in the UK

In the UK early intervention takes the form of a public policy approach to identify and support children and their families at an early stage, to prevent a range of problems from developing later in life (such as poor physical and mental health, low educational attainment, crime and anti-social behaviour). Policies in this area can take many different forms, from home visits to support vulnerable parents, to activities to support children's early language development. Although early intervention policies are not limited to the early years, policies are often targeted at this stage due to the rapid pace of physical and social development in very young children .

There are a range of different definitions of 'early intervention', covering a wide range of policy areas and attached to a variety of approaches and different age groups. Some, such as the First 1001 Days Movement, focus on interventions during the early years of a child's life. Other approaches, such as the Troubled Families programme, extend to adolescence and whole family units to prevent problems developing at later stages. In addition to this, early intervention programmes in the UK can be targeted at specific groups, for example the Family Nurse Partnership for first-time mothers aged 19 or under, or are aimed specifically at vulnerable families, where children are at higher risk of poor outcomes in later life. Universal programmes by contrast, such as mandated health visits for young children, are offered to all families.

A wide range of central and local government programmes can be categorised as including early intervention elements. Key central government programmes across the areas of health, education and social development include

1. **The Healthy Child Programme and Health Visitors** are universal, national public health frameworks for children and young people administered by NHS.¹³ It brings together evidence on delivering good health, wellbeing and resilience for every child aged 0-19. The programme comprises health promotion, child health surveillance and screening. It provides a range of services to families, including immunisation during pregnancy and childhood; health and development reviews; advice and support to help children's physical and emotional development; and antenatal, newborn and infant screening. The programme ensures families receive early help and support upstream before problems develop further, which in turn reduces demand on downstream, higher cost specialist services. The Healthy Child Programme is led by health visitors in collaboration with other health professionals and is being modernised to include new resources on pregnancy and pre-conception care. This provides an invaluable opportunity to support further collaboration and integrated services from early in a baby's life, such as improving the continuity of care between midwifery and health visiting.

Health visiting services must offer a minimum of five health and development reviews to every parent, whether or not it is their first baby. Parents first meet a health visitor for an antenatal review 28 weeks into a pregnancy, discuss physical, mental and emotional health as well as the transition to parenthood. A health visitor may visit a family at their home or in a health or

¹³ National Health Service (NHS) is the umbrella term for the publicly funded healthcare systems of the United Kingdom (UK).

children's centre facility. Ideally, these would take place antenatally, 10 to 14 days after a baby's birth, again at six to eight weeks, between nine and 12 months and between the age of two and two and a half. Health visitors are highly trained specialist community public health nurses. The wider health visiting team may also include nursery nurses, healthcare assistants and other specialist health professionals. Health visitors also work in close partnership with midwives who have an important role to play before birth and in the first days of life. Local authorities receive money for the Healthy Child Programme through an annual Public Health Grant from the government.

2. **The Universal offer** is for every family to deal with a range of specific problems and challenges, including early detection and identification of specific needs. In addition to this, some local authorities also provide a Universal+ offer that meets the needs of their local population. The Universal+ offer covers a broad range of issues, from language barriers to debt advice, from disability to transport in rural areas, and from domestic abuse to drug and alcohol support.
3. **The Family Nurse Partnership programme** is an evidence-based, preventive programme for vulnerable first-time young mothers. It is targeted at first-time young mothers aged 19 and under. Structured home visits, delivered by specially trained family nurses, are offered from early pregnancy until the child is two. Participation in the programme is voluntary.
4. **Healthy Start and Start4Life** are programmes aimed at especially for first-time parents or those who have never cared for a baby with additional needs, delivering advice and practical guidance to expectant parents and families to help them adapt healthy behaviours and build parenting skills for children under 5 years of age. Under the Healthy Start scheme, vouchers for vitamins, milk, fresh fruit and vegetables, are made available to pregnant women and families with children of up to four years of age, across the UK, where the parents are in receipt of certain income-related benefits.
5. **Maternity Services and Perinatal Mental Health** are a range of NHS services aimed at women and families, including mental health services for mothers. Services include specialised in-patient mother and baby units; specialised perinatal Community Mental Health Teams; maternity liaison services; adult mental health services, including admission wards, community and crisis services; and clinical psychology services linked to maternity services.
6. **Early Education Entitlement:** This includes free childcare for 2-, 3- and 4-year olds (a 15-hour entitlement for the most disadvantaged 2-year olds; a 15-hour entitlement for parents of 3- and 4-year olds; and a 30-hour entitlement for working parents of 3- and 4-year olds).
7. **Early Years Foundation Stage and Early Years Pupil Premium:** These are statutory frameworks for children up to the age of 5 that set out those areas around which educational activities should be based. All schools and early years providers must follow the framework, including childminders, preschools, nurseries and school reception classes. Funding is provided for early years settings to improve education for disadvantaged 3- and 4-year olds.
8. **Special Educational Needs (SEN) Inclusion Funds** are provided to local authorities that can be spent on early intervention. Since April 2017, the government has required local authorities to establish SEN inclusion funds for 3- and 4-year olds who are taking up any number of hours of free entitlement.

9. **The Troubled Families Programme** provides effective, co-ordinated support to disadvantaged families with a range of complex problems, to ensure that they get access to the vital early support before they hit a crisis point. It is delivered by local authorities and their partners (including the police, probation, children's services, housing, health organisations, schools, voluntary and community services) to improve the provision of family support services for all vulnerable families across a local area, including those with children aged up to two years.

10. **Sure Start** is a flagship programme set up between 1999 and 2003 that covers a network of local authorities. It was created with a view to enhancing the well-being of children from disadvantaged areas, and to help break the intergenerational transmission of inequalities and poor health to young children. Local authorities run Sure Start children's centres and make available universal and targeted early childhood services, either by providing the services at the centres or by providing advice and assistance on accessing them elsewhere. Under the Childcare Act of 2006 (as amended), a local authority must make arrangements to ensure that early childhood services in their area are provided in an integrated manner. The core purpose of Sure Start children's centres is to improve outcomes for young children and their families and reduce inequalities between families through encouraging (i) child development and school readiness; (ii) parenting aspirations and parenting skills; and (iii) child and family health. The programme was initially targeted towards families with children aged below four in disadvantaged areas. However, after an evaluation in 2008, which found positive child outcomes, the programme was extended to older children as well. As of March 2021, there were 2,298 children's centres and 695 linked sites in England. The linked sites were formerly children's centres in their own right but no longer meet the statutory definition of a children's centre. However, they continue to offer some early childhood services on behalf of other children's centres.

A wide range of other organisations in the public sector have a role to play in the Start for Life system. Social workers and those in the NHS providing other health services (like speech and language support) all help to identify specific needs and refer families to the care of others.

12.2. ECI in Spain

In Spain, when a child is born with a disability, or at risk of suffering a disability, they are referred to an early childhood intervention (ECI) and development centre. ECI services in Spain are organized by autonomous communities (local authorities). The national government transfers autonomous communities the ability to organize and specify the general regulation within their territory and resources. ECI services are free and universal for all children with delays or disabilities, or for children who are at risk of disabilities. ECI programmes, most of which are subsidized by the government, are organized in centres called *Centros de Desarrollo Infantil y Atención Temprana* (CDIATs) and are delivered by interdisciplinary teams of professionals from the fields of health, psychology, education, and social work, among others.

The White Book (*Libro Blanco*) describes how professional practices should be carried out in the absence of policy regulations in the field of ECI. The White Book defines ECI as: 'Interventions for children aged 0-6 years, the family and the environment, which aim to respond as soon as possible to the transitory or permanent needs of children with developmental disorders or who have the risk of suffering them. These interventions must be holistic and planned by an interdisciplinary or transdisciplinary team of

professionals'¹⁴. Despite this legislative quote, the age varies depending on the region, and also relates to all those children at any high biological, psychological or social risk which could affect their development.

Due to the characteristic structure of government in Spain, ECI incorporates several different services related to healthcare, social and education. This entails certain difficulties, such as coordination between services, difficulty for users in continuing treatments, creating information channels, and each service having its own way of carrying out therapeutic practices.

The healthcare sector has responsibility for the prevention of diseases and deficiencies, maternal and infant primary healthcare, early detection, paediatric and rehabilitation treatments. Activities are initiated in rehabilitation, paediatric, neurology and maternity services for children with recognised illnesses and those considered to be 'high risk'. This model enables good coordination with detection services and the clinical and organic diagnosis of the child.

Social Care Centres are where the early intervention activity began. They originated from the Ministry of Labour, which made the National Institute of Social Services, now INSERSO, responsible for starting up ECI.

Early Childhood Intervention and Child Development Centres (CDIAT) are interdisciplinary services aimed at children between 0 and 6 years old. Their function is to strengthen the abilities of the child and to achieve family, school and social adaptation.

The Education Area is an education administration unit that assumes its responsibilities for early intervention in nursery and preschools and through its support services and early intervention teams. The work of these units is to prevent developmental disorders and to offer a stable, stimulating and normalized environment to the child population that may suffer in inadequate situations in the family environment. In Spain, special education is given from the moment that it is considered necessary, at any age, or where there is a risk that deficiencies might appear.

12.3. ECI in the Czech Republic

The term "early intervention" has been used in the Czech Republic since 1993. The notion of intervention in this context does not mean the provision of basic life necessities, but rather a set of services provided to the family of a child with special needs

Early Intervention Standards from 2000 define early care/intervention as "a set of services oriented onto the entire family of an early-age child with disabilities and threats due to biological factors or environmental influences. The services are aimed at supporting the family and the child's development." Act 108/2006 Coll. on Social Services clarifies the definition: early intervention is a field or ambulatory service provided to children and parents of children under the age of 7, who are disabled or whose development is at risk due to an unfavourable social situation. The service is aimed at supporting the family and the child's development with regard to their specific needs.

A specialist from the **Special-Pedagogical-Psychological Centre (SPCs)** and/or from **Early Intervention Centres** visits the child with special needs to provide the educational support. This takes place either at home, or in any of the preschool institutions (children's home, nursery, kindergarten, day care centre) or at school (from 6 years old). In SPCs, professionals from education, social and health area work together, and other specialists can also be involved. Special teachers and/or psychologists are the reference

¹⁴ García-Grau, P., Martínez-Rico, G., McWilliam, R. A., & Cañadas Pérez, M. (2020). Typical and Ideal Practices in Early Intervention in Spain During a Transformation Process of Professional Practices. *Journal of Early Intervention*, 42(1), 3–19

persons. The SPC's special teacher, psychologist and/or social worker is in charge of supporting parents and/or professionals working with a child (in day care/kindergarten/pre-school centres/homes) and must also provide professional support to the child.

There are special classes in kindergartens and a certain number of special kindergartens for children with special needs. At these, educational programmes are formulated to meet the needs of the child. Special kindergartens provide a broad integrative range of educational, health and social services to children with special needs and offer counselling to their families.

ECI is also partially integrated in the health sector. Health authorities at regional level are responsible for both policy and the delivery of health support services from birth through the whole life of a child. A **health nurse visits** the family from the first week of a baby's life to provide the information and/or counselling about the nutrition, development and care of the child and the care of the mother. The key person is the medical doctor. There is a regular visitation schedule and schedule for screening, which includes developmental tests and the inoculation of the child as well as checks of the mother's health conditions. A link exists from general health services to special medical services; there is also cooperation with educational and social services supporting the family/child with special needs. Children's homes for children of an early age and nurseries are under the responsibility of the national and/or regional health authorities.

12.4. ECI in Slovakia

In Slovakia, early childhood intervention is understood more broadly as a set of possible interventions and measures for children with developmental risks up to the age of seven and their families, reflecting their needs.

In the health sector, early childhood intervention includes preventive screening, diagnostic and therapeutic treatment, and counselling interventions from the time that the risk of delayed development or diagnosis was made. Interventions are offered through out-patient services or institutional/hospital services. ECI therefore consists of services provided by individual health care professionals and the facilitation of medical aid.

In the education sector, early childhood intervention is provided through activities involving special pedagogical counselling and preventive, diagnostic, rehabilitation and stimulation services. Experts from special-pedagogical counselling centres and pedagogues from pre-primary and primary education cooperate in the transitional phase to facilitate the effective inclusion of a child into education.

In the social sector, ECI also includes compensation for health disabilities and facilitating medical aid, as offered by the Central Office of Labour, Social Affairs and Family. The service for early childhood intervention is designated for children up to seven years of age and their families if their development is at risk due to their disability. ECI includes prevention, the comprehensive stimulation of development, social rehabilitation, specialized social counselling and community rehabilitation (including coordination of all services for a child with a disability and his/her family).

The need for targeted stimulation and therapeutic interventions is not sufficiently covered by the state and this deficiency is partially compensated for by the private and non-profit sectors.