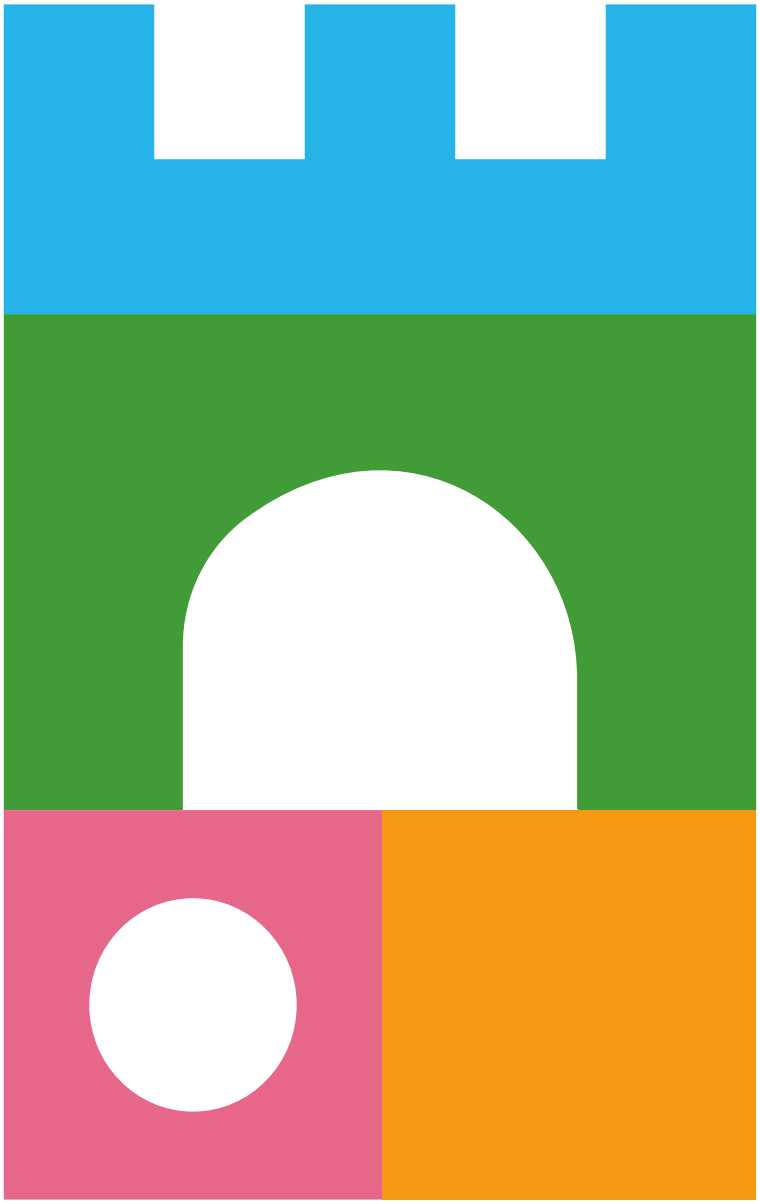
Report on Impact Assessment of the implementation of the new ECI model in Greek Service Providers



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

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ECI GREECE
Let's build together a brighter future for all children

EASPD
European Association of Service providers for Persons with Disabilities

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Report on impact assessment of the implementation of the new ECI model in Greek service providers. Deliverable 2.2, under Work Package 2 "Impact assessment of new ECI model in Greece".

Credits and Rights

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List of abbreviations

AM: Assessment Measure

DG REFORM: Directorate-General for Structural Reform Support

ECI: Early Childhood Intervention

ECEC: Early Childhood Education and Care

EASPD: European Association of Service providers for Persons with Disabilities

EOPYY: National Organisation for the Provision of Health Services

EU: European Union

FCP: Family-Centred Practices

FINESSE: Families in Natural Environments Scale of Service Evaluation

FMI: Family-Mediated Intervention

IFSP: Individualised Family Services Plan

PEGKAP-NY: Greek Union of Parents & Guardians of Mentally Disabled Individuals and Children

RP: Relational Practices

Executive Summary

The pilot of family-centred Early Childhood Intervention (ECI) methodologies represents a fundamental building block of the ECI Greece project. It lasted one year and consisted of training the staff of selected ECI services on family-centred tools and methodologies as well as having them test these methods in their support provision for one year. The goal of the pilot program was to facilitate the transition from a therapy and centre-based approach towards a holistic, family-centred ECI model. This paradigm shift aimed to bring a change in mindset and practice, empowering primary caregivers to better support their children within the context of their everyday lives and established routines. It emphasised transdisciplinary intervention and fostered a strong partnership between parents and professionals.

The pilot implementation helped to build capacity in staff and awareness in the parents receiving support, and to identify practical challenges and opportunities in this transition. This report aims to assess the pilot's impact on supporting children and families. The analysis of the pilot's impact was conducted using a variety of tools, primarily through questionnaires administered to the staff involved in the pilot providers and the families receiving support. Based on the gathered information, this report focuses on the changes that occurred before and after the pilot intervention. It also examines the main challenges and reasons for the discrepancies between the usual and ideal practices.

Overall, the pilot phase of the project in Greece has shown positive progress towards family-centred ECI practices. Although home visiting is still not implemented in most of the pilot services, at the end of the pilot parents and caregivers reported higher levels of satisfaction across various areas of ECI provision, indicating a positive shift in attitudes. These areas include families' empowerment and meaningful involvement in their children's development, as well as professionals' responsiveness and flexibility in meeting families' needs, requests, and desires. The professionals involved in the pilot also demonstrated a higher awareness and understanding of family-centred methodologies, which they incorporated into their practices. They reported high-quality practices involving working collaboratively with families, transdisciplinary, around family needs. Furthermore, the self-assessment reports and group discussions revealed positive changes in interdisciplinary approaches, home visiting programs, and holistic assessments. On the other hand, they reported lower evaluations regarding the families' satisfaction with routines, identifying family supports, and letting the family set the agenda for the home visit.

Barriers to change include staff and parents' mentality and misconceptions about early intervention. The most frequently reported reasons for the discrepancy between the usual practices and a family-centred approach were staff shortages, insufficient training, deep-rooted mentalities among both staff members and families, and the absence of a holistic support system for families. These challenges are interconnected with broader systemic issues related to funding, training, coordination, and access, which can only be tackled at a systemic level.

Introduction

Family-centred ECI extends beyond the provision of individual therapies for children under six years old with disabilities and/or developmental delays. In order to comprehensively address the real needs of children and families, ECI services need to adopt a transdisciplinary approach. This approach involves professionals from different sectors and disciplines working in a team to support children's everyday learning experiences and social interactions while ensuring effective parental involvement and empowerment. Learning within the context of daily routines at home and in the community is pivotal in promoting child development and strengthening families. Despite the existence of a support system for therapeutic intervention in Greece, state, non-profit, and for-profit organisations often underestimate the crucial role of learning in natural environments and fail to allocate sufficient resources to this aspect.

This assessment report has been designed as a deliverable of the project "Technical Support to implement reforms to support the development of family-centred early childhood intervention services in Greece" – (otherwise known as ECI Greece) running from September 2021 to September 2023. It is funded by the European Union via the Technical Support Instrument and is implemented by the European Association of Service providers for Persons with Disabilities (EASPD) in cooperation with the Directorate-General for Structural Reform Support (DG REFORM) of the European Commission, with the cooperation and support of national and international stakeholders.

This report is part of the project's Work Package 2, titled "Impact assessment of the new ECI model in Greece", which involves the development of training material and training sessions for seven Greek service providers. The providers were trained based on the Portuguese model of ECI as outlined in the manual "Recommended Practices in Early Childhood Intervention: A guidebook for professionals".

The participating providers were selected thoughtfully to ensure a comprehensive sample. They represent various legal entities, including public and not-for-profit services, target different disability areas and cover several geographical regions within Greece. The selected pilot providers were the following: the ECI Department of the Social Welfare of Crete, PAAPAHK[1] , the ECI Department of the Social Welfare of Attica-Michalinio[2] , the ECI Department of the Aglaia Kyriakou Hospital[3] , the Theotokos Foundation[4] and the NGOs ELEPAP[5] , Amimoni[6] and PEGKAP[7] . Each pilot organisation received an initial training and implemented family-centred methodologies for a year. Along this period, they provided further training to their staff and introduced or reinforced this approach in their work with children and parents. Throughout the pilot process, both international and local experts were involved, offering further training, and providing support to the service providers. Their expertise aided in identifying opportunities and addressing implementation challenges encountered during the pilot period.

1 *Social Welfare of Crete, PAAPAHK*
2 *Social Welfare of Attica, Michalineio,*
3 *ECI department, Aglaia Kyriakou hospital*
4 *Theotokos Foundation*
5 *ELEPAP- Rehabilitation for The Disabled*
6 *Amimoni, Panhellenic Association of Parents, Guardians and Friends of People with Vision Problems and Additional Disabilities*
7 *PEGKAP-NY, Greek Union of Parents & Guardians of Mentally Disabled Individuals and Children,*

The primary objective of this report is to evaluate the experiences of families and professionals and to assess the progress made 12 months after the introduction of new ECI methodologies. Specifically, the focus is on service development, the adoption of family-centred approaches, and the incorporation of the child's natural environment into interventions. To achieve this, the report relies on quantitative data from questionnaires and qualitative data from interviews, group meetings, and self-assessment reports from the pilot providers.

Additionally, this report serves as primary research and establishes a baseline for future analysis in subsequent ECI projects. It is important to note that evaluating progress in ECI is inherently a collaborative process involving professionals and caregivers. While efforts were made to gather comprehensive information from a variety of sources throughout the project, the lack of disaggregated baseline data means that this report does not aim to provide an exhaustive analysis of the quality of services provided to children and families, or specific outcomes observed twelve months after the implementation of new methodologies in the pilot service providers.

Methodology

The assessment was carried out in two stages, referred to as Assessment Measures (AM). The seven pilot service providers distributed the two questionnaires, based on the various stages of the Systemic Developmental Model of M. Guralnick within the Early Intervention System (Guralnick, 2005). The questionnaires were distributed to the pilots' staff and to the families using ECI services during Assessment Measure 1 (AM1) in February 2022 and again in March 2023 during Assessment Measure 2 (AM2) so to assess the impact of the pilot programme.

The instrument used for professionals was the FINESSE II – Families in Natural Environments Scale of Service Evaluation (R. A. McWilliam, 2011), which has been translated into Greek. This self-assessment tool is designed to evaluate the quality of home and centre-based ECI services provided to children with disabilities and/or developmental delays. It focuses on both typical and ideal practices employed by professionals, looking thus both into practice and mindset. The descriptions of practices are written in a way that allows professionals from different academic and professional backgrounds, including those working directly with children, services coordinators, and administrators, to assess and compare their typical "way of doing business" with their "ideal" practices. Respondents are asked to choose the description that aligns with their typical practice (numbers above the descriptor) and the description that aligns with their ideal practice (numbers below the descriptor). The scale employs a 7-point rating system, where the lowest scores indicate child-focused and deficit-based practices, while the highest scores represent family-centred and evidence-based practices. Professionals rate their typical practices and their ideal practices on the same 7-point scale.

The scale covers various program components, and several items are included to address each component.

For parents and caregivers, the questionnaire used was the Family-Centred Practices Scale (FCP Scale) (Dunst and Trivette 2004), also translated into Greek. This self-report instrument aims to assess the extent to which ECI services employ a family-centred approach and methodology. It measures the quality of relationships between parents and staff as well as aspects related to parental satisfaction and participation in the service provision. The FCP Scale enables families to provide their perspective on the support they receive, ensuring that the assessment does not rely solely on professionals' viewpoints. The responses in the questionnaire were given on a 5-point Likert-type scale, ranging from 1 (never) to 5 (always). This rating system allows parents and caregivers to express the frequency with which they perceive family-centred practices to be implemented in their interactions with the ECI services.

During Assessment Measure 1 (AM1), in addition to the questionnaires, semi-structured interviews were conducted with a total of 8 parents and 6 professionals. These interviews provided qualitative data and valuable insights into the expectations of both families and professionals regarding the quality and style of the services offered and a deeper understanding of the various issues and concerns expressed by participants.

In Assessment Measure 2 (AM2), alongside the questionnaires, additional activities were developed to gather additional qualitative data for evaluating the changes that occurred after the intervention. These involved group discussions with the staff of the pilot providers and self-assessment reports.

The group discussions were held in person, with the participation of all pilot providers. They took place during study visits to the pilot organisations, providing professionals with an opportunity to exchange methodologies, share information about the program's implementation, assess its impact, and explore strategies for overcoming obstacles.

The self-assessment reports consisted of descriptive questionnaires distributed to all pilot providers near the end of the pilot phase. These questionnaires aimed to capture and evaluate the impact of the ECI Greece pilot project within each pilot organisation. The reports covered various aspects, including the training process, developed training materials, internal dissemination activities, experiences with the transformation process, adoption of new methodologies, encountered barriers and challenges, future steps for each pilot organisation, and evaluation/ testimonies from families. The purpose of these reports was to provide a comprehensive overview of the pilot's footprint within each organisation.

In terms of main research limitations, there was a decrease in the number of respondents of the two rounds of questionnaires (AM1, 84 responses from caregivers and 52 responses from staff; AM2, 31 responses from caregivers and 37 from staff). Also, most of the responses to questionnaires (especially from service providers) had some of the questions unanswered, in both AM1 and AM2. Furthermore, during group meetings professionals would have needed more time, and could only provide a non-exhaustive assessment of the impact of the pilot implementation.

Despite these limitations, the combination of various methodologies and the number of responses provided valuable insights into the impact of the pilot, enabling the drawing of a clear picture and the formulation of general conclusions regarding the opportunities and barriers in transitioning to family-centred ECI practices in Greece.

1. Pilot providers' starting position

1.1 Pilot providers' starting position

In Greece, Early Childhood Intervention (ECI) services are primarily offered through a limited number of centre-based settings, including public, non-profit, and for-profit providers. These ECI service providers typically receive funding from various sources, such as the Greek health and welfare system, foundations, donors, and families themselves. It is worth noting that private practitioners play a central role. They offer therapies and special education interventions in their own clinics or therapy centres, catering to children of various ages and with a wide range of disabilities and are among the most common and recognised providers within the ECI landscape in Greece.
The ECI settings in Greece are often age-integrated and centre-based, catering to children ranging from three to six years old and sometimes extending up to the beginning of primary school (around eight years old). These programs are commonly implemented within daycare centres, therapy centres operated by non-profit and for-profit providers, as well as state welfare agencies like the Centers of Social Welfare and the National Institute for the Deaf. Additionally, there are university programs, such as the 'Special Education and Family Counseling Lab' at the National and Kapodistrian University of Athens, that provide ECI services on regular campuses.

You can find below a list and description of the service providers that were selected for the pilot of family-centred methodologies.

The **Early Intervention Centre of the Aglaia Kyriakou Hospital** is a public specialised, multidisciplinary day centre focusing on the rehabilitation of children at an early stage after a disease that affects their functionality, targeting children with pathologies from the nervous, musculoskeletal, respiratory, and cardiovascular system or with systemic diseases.

The **Early Intervention Centre of the Social Welfare Centre of Crete** is a public Social Care Unit which serves the needs of the prefecture of Heraklion and the wider region of Crete and provides services for children with psychomotor or developmental problems and children with multiple disabilities.

The **Early Intervention Department of the Attica Social Welfare Centre**, Michalineio, is a public organisation which provides services of prevention, diagnosis, certification, and early intervention to children with developmental delays. It also provides counselling, psychological, and social support services for children and their families, as well as linking them with other community support services.

The **Theotokos Foundation** offers prevention, holistic intervention, and rehabilitation services to people with intellectual developmental disorders & autistic spectrum disorders from early childhood to young adulthood. Its ECI department supports children up to 4 years old and their families with developmental and autistic spectrum disorders. It focuses on the prevention, early identification, support and enhancement of children's development, empowering parents as caregivers to minimise developmental risks and providing medical, social, and educational services.

ELEPAP, Rehabilitation for The Disabled, is the oldest non-profit charity organisation in Greece; it provides rehabilitation services to children and currently operates high-level facilities in 6 branches throughout Greece (Athens, Thessaloniki, Chania, Ioannina, Volos and Agrinion). ELEPAP's ECI services are addressed to children from 18 months to 7 years of age with motor, sensory and developmental disorders. (Cerebral palsy, acquired brain injury, psychomotor retardation, neurodevelopmental disorders with accompanying mo-

tor impairment). Special emphasis is placed on supporting families with individual and group counselling sessions.

PEGKAP-NY, Greek Union of Parents & Guardians of Mentally Disabled Individuals and Children, is an NGO that operates an early intervention programme that addresses the needs of infants and children from the age of 6 months to 6 years with or at risk of developmental disorders. This program includes evaluation of the children's needs, monitoring and evaluation of the intervention through an Individual Education Plan, counselling and training for the family, occupational therapy (sensory integration, feeding training, gross and fine motor skills development etc.) and home-based intervention.

Amimoni, the Panhellenic Association of Parents, Guardians and Friends of People with Vision Problems and Additional Disabilities, is an NGO that provides education, care and treatments to children and adults with visual impairments and additional disabilities covering their entire lives while supporting their families. Amimoni operates the first educational early intervention programme for children with vision impairments in Greece, providing services in the child's natural environment, specifically in their home.

The program focuses on infants and preschool children with blindness, low vision, or diagnosed visual perception difficulties. Its primary goal is to enhance the child's stimulation and emotional connection with their parents, allowing for the fullest development of their abilities.

The program takes a holistic approach, addressing the child's sensory, developmental, educational, and psychological needs to help them reach their full potential. Additionally, the program aims to support the family as a whole. It emphasises the essential involvement of parents in their child's development, strengthens the parent-child relationship, and promotes social integration. The overall objective is to empower both the child and the family, enabling them to overcome challenges and achieve optimal growth and integration. Amimoni's ECI program has been operating since 2004 and provides services to over 40 children and families annually throughout Greece and, since 2020, also abroad.

1.2 AM1 Main findings

Eighty-four (84) parents and caregivers responded to our AM1 questionnaires focusing on access points and follow-up, their involvement in developing and implementing their child's intervention, the type of services offered, frequency of visits, geographical range, and more. Inclusion criteria for parents were as follows: (a) having a child up to 7 years old with a disability or developmental delay, (b) regularly attending ECI services for at least six months in one of our seven pilot service providers.

Concerning ECI professionals, fifty-two (52) service providers replied to relevant AM1 questionnaires addressing questions about needs assessment, family needs, home routines satisfaction, goals specificity, home-visiting practices and more.

During the AM1 phase, demographic information was collected from families through questionnaires. The findings presented in Figure 1 below reveals that most respondents were mothers and female caregivers.

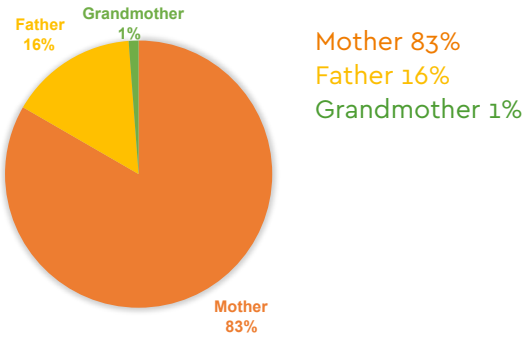


Figure 1: What is your relationship with the child?

Children, as depicted in the graphs 2 and 3, belonged to various age groups and had a variety of developmental difficulties. However, children under the age of 3 years old are underserved in both public and private centres as the questionnaire showed that less than 1,5% of children and families receiving ECI services are 0–1 years old and about 25% 1–3 years old.

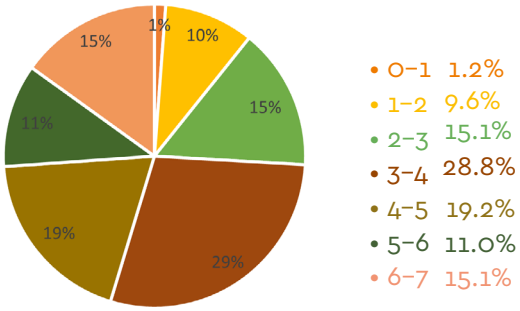
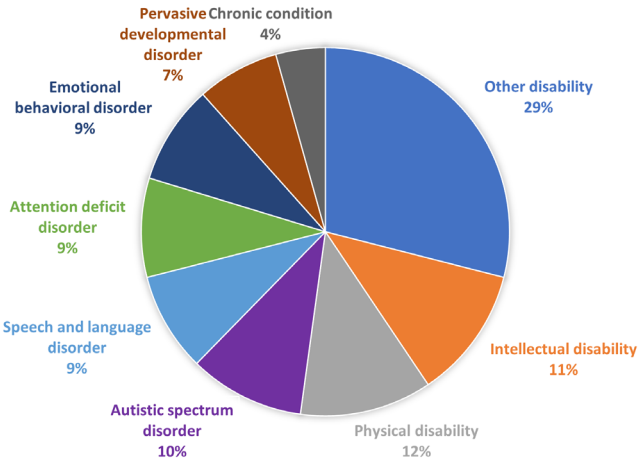


Figure 2: Which is the age group of your child?

In terms of frequency of visits to the centres, 64,3% of caregivers responded that their children attend ECI programmes 1–2 times per week and 25,7% five (5) times per week. More than 76% of the organisations that participated in our questionnaire are based in big city areas, about 24% in smaller towns, and we had no responses from organisations based in rural areas of Greece.

For what concerns the professionals involved in the AM1, the demographic findings indicated that their most frequent disciplines were psychology, speech therapy, and physical therapy.

Figure 3: Which is the developmental difficulty that your child is facing?



Other disability 29%
Intellectual disability 11%
Physical disability 12%
Autistic spectrum disorder 10%
Attention deficit disorder 9%
Emotion behavioral disorder 9%
Pervasive developmental disorder 7%
Chronic condition 4%

Professionals also included special education teachers, occupational therapists, social workers, and other disciplines. The survey results revealed that parents and caregivers who participated expressed extremely high levels of satisfaction across all items. The only item in the Family-Centred Practices (FCP) scale where parents' satisfaction level slightly scored below 70% at level 5 pertained to the support they receive in their decision-making process for their child. Overall, the satisfaction levels of families regarding the various areas of service provision are presented in the table below, sorted from the highest to the lowest frequency of maximum scores.

The data in Table 1 show a notably positive starting point. However, an important observation that emerged during the interviews is the lack of clarity on how families perceive early intervention in Greece. In some cases, children may attend morning programs at pilot providers while also receiving private after-school therapies at specialised centers. This overlap often leads to confusion as often parents do not perceive early intervention as a holistic support provision for their children and for them and evaluate private therapies as their sole option.

AM1: Family-Centred Practices Scale	
Areas investigated	**Percentage of 5/5 answers** (likert-type scale where 1=never and 5 always)
Treated with respect	92,9%
Family and child seen in a positive way	89,2%
Understanding for the child's and family's status	85,7%
Empathy for cultural background	84,5%
Cooperation on mutual trust and respect	84,5%
Providing information to facilitate informed decisions	79,3%
Flexible to family's status changes	70%
Supports the family to reach its goals	78,6%
Worries and needs listened	77,4%
Credits the family for what they do right	76,8%
Support in decision-making concerning appropriate support	75,9%
Presensation of choices and available support	72,6%
Helps the child and the family to learn things that interest them	71,1%
Prompt and flexible cooperation	70,2%
Focus on the child's strong points and interests	70,2%
Deliver of what the service promises	70,2%
Support in decision making	69,9%

Table 1: AM1: Family-Centred Practices Scale

During the interviews, when the topic of home-visiting services was discussed, most parents described it as a process where the therapist visits their home and directly works with the child. Most parents seemed to accept their role in home visits as secondary, reduced to that of an informant or a companion for the child when necessary.

For example, parents mentioned assisting in calming the child or exchanging a few words about the child's day before the therapist begins the therapy session ("I am asked to assist with calming down the child when needed", "we usually exchange a few words about my child's day before they enter the room where they do the therapy session"). Also, the level of involvement and interest in ECI varied among different respondents, influenced by various factors. Some parents and caregivers displayed limited awareness or understanding of their child's early childhood intervention programme and the potential benefits that active involvement could bring ("Her child psychiatrist recommended an intensive ECI programme, and we followed his orders hoping that this would help her develop her speech and communicate with us").

Furthermore, over 81% of parents and caregivers were found not to receive any home-visiting services. In this context, the level of involvement and interest can vary from family to family for various reasons. Many parents were completely unaware of home-visiting practices and were eager to learn more and discuss this with their ECI service providers. Other parents seemed reluctant to see themselves actively involved in the intervention programme at home or in the ECI setting.

This reluctance stemmed from their perception of lacking essential skills and expertise. Statements such as "I have not studied special education" or "I am not an expert on these issues" were commonly expressed during the interviews. This suggests that certain parents felt uncertain about their abilities to perform the tasks typically carried out by therapists.

The interviews supported the notion that the overall level of engagement ultimately depends on individual circumstances, preferences, the presence or absence of a support network, and the available resources within each family's situation.

The results obtained from the AM1 questionnaires for professionals aimed to assess the extent to which their typical and ideal practices align with recommended and evidence-based family-centred practices. These findings reveal a more intricate situation. It becomes evident that there is still much work to be done in individual areas to approach a holistic family-centred model. However, it is encouraging to note that most practitioners demonstrate an understanding of the goal of transitioning towards a family-centred ECI provision. This is reflected in higher scores across all questions when considering ideal or desirable practices.

Table 2 provides a summary of these results, highlighting the percentage of professionals who scored 6 or 7 in terms of their typical and ideal practices across the various areas of investigation. This sheds light on the alignment of their current practices with the desired family-centred approach.

AM1; Finesse II – Families In Natural Environments Scale of Service Evaluation		
Areas investigated	**Percentage of professionals that scored 6 or 7 regarding their typical practices**	**Percentage of professionals that scored 6 or 7 regarding their ideal practices[8]**
Information material	13,7%	41,2%
Initial referral	19,6%	41,2
Use of Eco-maps	12,2%	54,1%
Support to families	2%	56,8%
Needs assessment[9]	53%	84,3%
Family needs	66,7%	92%
Home routines satisfaction	19,6%	49,5%
Individual goals	37,3%	66,6%
Targets' specialisation	68,6%	88,2%
Decision-making about services	15,6%	35,3%
Transdisciplinarity	34,7%	45,6%
Home visiting practices	61,4%	90,9%
Home visiting agenda	25%	44,5%
Family coaching	62,8%	79,1%
Consultation with families	38,6%	54,6%
Community visits practices	31,3%	83%
Experts-families cooperation	72,6%	92,2%
Assessment and intervention focus	67,6%	90,2%

Table 2: AM1: FINESSE II – Families in Natural Environment Scale of Service Evaluation

8 On a 1-to-7-point scale, where 1 corresponds to child-focused and deficit-based practices and the 7 indicates recommended family-centred and evidence-based practices.

9 "Needs assessment" refers to the existence and methodology used for the organization's needs assessment. For more details, please refer to the FINESSE II questionnaire in the appendix, question 5, page 29.

All ECI programmes that participated in our research claimed to hold consultations with parents on planned dates to discuss parents' needs and concerns and the child's progress. However, it is doubtful whether providers have established collaborative consulting rather than specialised consulting, as collaborative consulting involves deciding with families (and other caregivers) what the problem is, what possible solutions could be, and whether these are working. Although this was recognised as an ideal practice by 54,6 % of professionals, only 38,6 % of them stated that this is their everyday practice.

The fact that home-visiting practices are mostly setting-provided home-visits using traditional practices (expert-client-based practices) also came up in questionnaires, as more than 75% of professionals stated that caregivers and families have limited involvement in the home-visiting agenda. Some of the professionals that participated in the survey did not answer the question about intervening in natural environments, probably considering the question not applicable to them because they provide centre-based services. Other professionals added in their replies that their programmes typically strive to engage and involve families as active partners in their child's development. However, most of the families seem to face significant challenges and stressors in their lives; they lack resources and often understand ECI programmes as potential respite services in lack of other support and respite services in Greece.

Moreover, although 67% of professionals scored high (6–7) in family needs assessment, only 2% of professionals stated that they use a systematic method to collect information. Professionals noted that they do not use any checklists, although this would facilitate clear and useful feedback and would also reveal gaps that cannot otherwise be identified.

The 44,9% of participants stated that there are discussions with the child's family regarding resources, but none of the professionals (0%) were familiar with Eco-Maps[10] . Some participants added that even if detailed information would be collected through Eco-Maps and other checklists, this alone could not guarantee a shift in the intervention due to staff shortages. Especially in public entities, professionals claimed that they would record information during meetings with families. Still, it is doubtful whether they could ever use this information productively as there would never be enough time. Professionals added in their responses that even though the concerns and needs of families are sometimes identified, they are easily forgotten and superseded by the focus on the professionals' own concerns. Furthermore, professionals emphasised that information is predominantly collected based on what service providers consider necessary. Consequently, the choice of tools and methodologies used is often driven by professionals' goals for the child rather than families' concerns and priorities. Some professionals cited reasons such as "unrealistic family expectations", "families in denial", and "limited family resources and capacity" for their failure to explore families' concerns.

Although all professionals that participated in the interviews agreed that a family-centred approach means that all early intervention activities are performed with the common goal of strengthening families, responses in questionnaires showed that families have limited involvement in the intervention planning phase and that in addition to that, they are rarely asked about their satisfaction levels. More than 19,6% of professionals openly stated that they are the ones who decide on the home routines that work well for the child and family, and about 60% of professionals stated that even though they ask families about home routines, they do not evaluate families' satisfaction levels.

10 http://www.strongbonds.jss.org.au/workers/cultures/ecomaps.html

Participation-based practices in natural environments where the child's participation in an activity is facilitated by a professional, like a teacher in the child's classroom, are infrequent. Although 76,6% of professionals agreed that supporting children in their educational settings would be ideal, more than 78% of professionals stated that they do not support children in their educational settings and in the rare cases they do, they seldom aim to enhance the capacity and empower their teachers. Moreover, mentioned that they try to maintain daily communication with parents through communication notebooks or telephone calls. However, due to heavy workloads, communication with other therapists, doctors, and early years professionals involved in the child's life is less frequent.

These findings indicate a significant gap between the stated ideal of a family-centred approach by professionals and the actual implementation of such practices. The limited involvement of families, infrequent support in educational settings, and challenges in communication all point to areas that demand attention and improvement in the provision of early intervention services.

2. Intervention

The seven pilot service providers were involved in all parts of the ECI Greece project. They gave feedback on the intervention methodology and key deliverables of the project and participated in high-level and in-person meetings. Most importantly, all pilot service providers participated in the one-year pilot implementation of family-centred ECI methodologies from March 2022 until March 2023. The pilot started with an initial train-the-trainer activity integrated with follow-up trainings, study visits and meetings to evaluate the pilot phase. Overall, the training programme aimed to empower professionals, provide them with the necessary skills and knowledge, and foster a supportive network of experts and peers to drive the successful implementation of family-centred ECI practices within the pilot organisations.

The first training drew inspiration from the training developed and tested in the ECI Agora project[11] , based on the Portuguese model of ECI. This was customised and tailored to suit the specific needs and context of Greece. It was conducted in Athens for 2.5 days from 1st to 3rd March 2022 and aimed to enhance the capacity of the pilot service providers, enabling them to initiate the transformation process towards a family-centred ECI model and increase the professionals' awareness and knowledge of evidence-based practices.

Its specific objectives were as follows:

- establishing a shared vision for building an Integrated National ECI System;
- identifying & studying good practices and 'lessons learned by existing ECI services;
- developing knowledge and skills that will allow professionals to integrate the principles of family-centred Early Childhood Intervention in their daily practice with children, families, and other services;
- providing a broad perspective on how ECI services should look based on the national framework;
- understand the different components of the ECI intervention cycle;
- support professionals in developing the necessary skills and competencies for reflective, family-centred ECI practices using tested tools for their everyday practice.

Following the initial training, each pilot provider organised internal training sessions for their staff members. Recognising the importance of ongoing learning and sharing best practices, subsequent meetings and consultations with the pilot providers led to the development of additional specialised training sessions and dedicated meetings to facilitate the exchange of good practices among the pilot providers. These sessions covered various topics such as coaching skills, developmental assessment instruments, early identification methodology, Individualised Family Service Plan (IFSP) development, home-visiting practices, transition from ECI to Early Childhood Education and Care (ECEC), and Family-Mediated Intervention (FMI).
Throughout the pilot there was an open channel of communication between the pilot organisations and the EASPD project implementation team. This facilitated expert guidance and peer support, allowing for ongoing assistance and collaboration.

11 https://www.agora-eci.eu/

3. Assessment after the intervention

During this pilot phase, staff learned about specific practices for implementing family-centred ECI as well as some instruments to measure the fidelity with which the practices are used. The results we yielded are encouraging for future initiatives and promising for the future of ECI in Greece.

However, it is worth noting that parent involvement in the second stage of our research was relatively weaker. In AM2, in March 2023, parents and caregivers completed a total of thirty-one (31) questionnaires and thirty-seven (37) completed questionnaires from professionals.

In terms of results, the parents and caregivers who completed the FCP Scale scored higher levels of satisfaction compared in March 2022 for most of the questions.

Since AM1, the attitudes of families have remained consistently positive. To visually depict the change and the further improvement that occurred after our intervention, we measured the discrepancy between high satisfaction levels (items scoring 5 on the 5-point scale) from 2022 to 2023. This positive change is clearly illustrated in Figure 4, with the horizontal line indicating the titles of all the questions investigated and the vertical line representing the percentage of answers scoring 5 for each question.

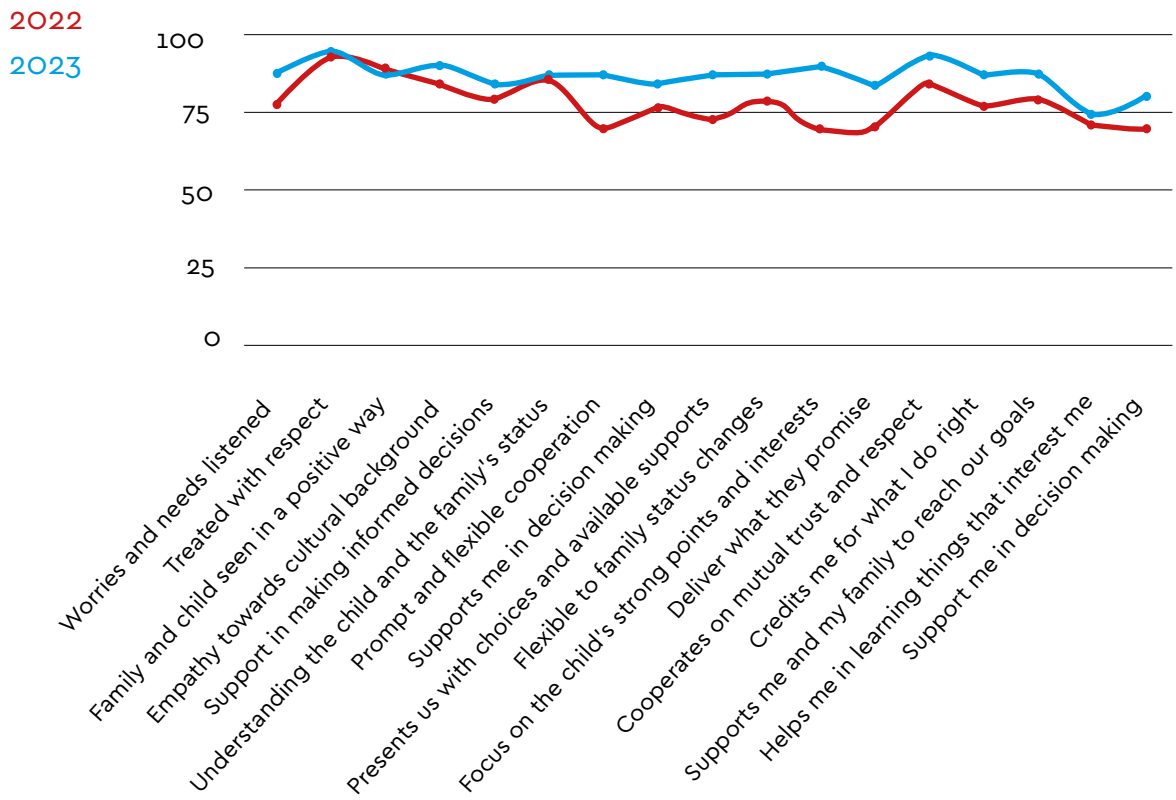


Figure 4: Family-Centred Practices Scale: Items that scored 5

In particular, there is a higher increase in the areas of "prompt and flexible cooperation", "focus on the child's strong points and interests", "presents us with choices and available support", and "deliver what they promise". There is a significant increase also in the areas of "support in the decision making", "presenting available choices and support", and "cooperating on mutual trust and respect". The areas where no significant or slight decrease in higher scoring was measured are related to questions addressing the issues of treating families in a respectful and positive way and understanding the child family's status.

The FINESSE II questionnaire examined dimensions such as the initial interactions between families and professionals, how the service was described, the intervention planning, and the use of family assessments and priorities to determine goals for the intervention plan. It provided insights into the functionality of goal-setting, including coherence and alignment with families' identified needs.

Additionally, the questionnaire assessed the provision of services, including whether professionals collaborated with families, focused primarily on the child's needs, took a leading role in the intervention, and built the family's capacity.

To measure the change in professionals' attitudes, the quantitative data from the questionnaires could be analysed in different ways. For the purposes of this report, the comparison between 2022 and 2023 results on the usual and ideal scale focused on the sum of answers scoring 6 and 7 on the 7-point scale. Figure 5 presents the investigated items on the horizontal axis and the percentages of answers scoring 6 and 7 on the vertical axis. The first graph (FINESSE 2022) depicts the data obtained during AM1, while the second graph (FINESSE 2023) displays the same data for AM2.

The comparison of these two graphics shows that the pilot resulted in a general convergence towards family-centred and evidence-based approaches, mainly in the typical practices.

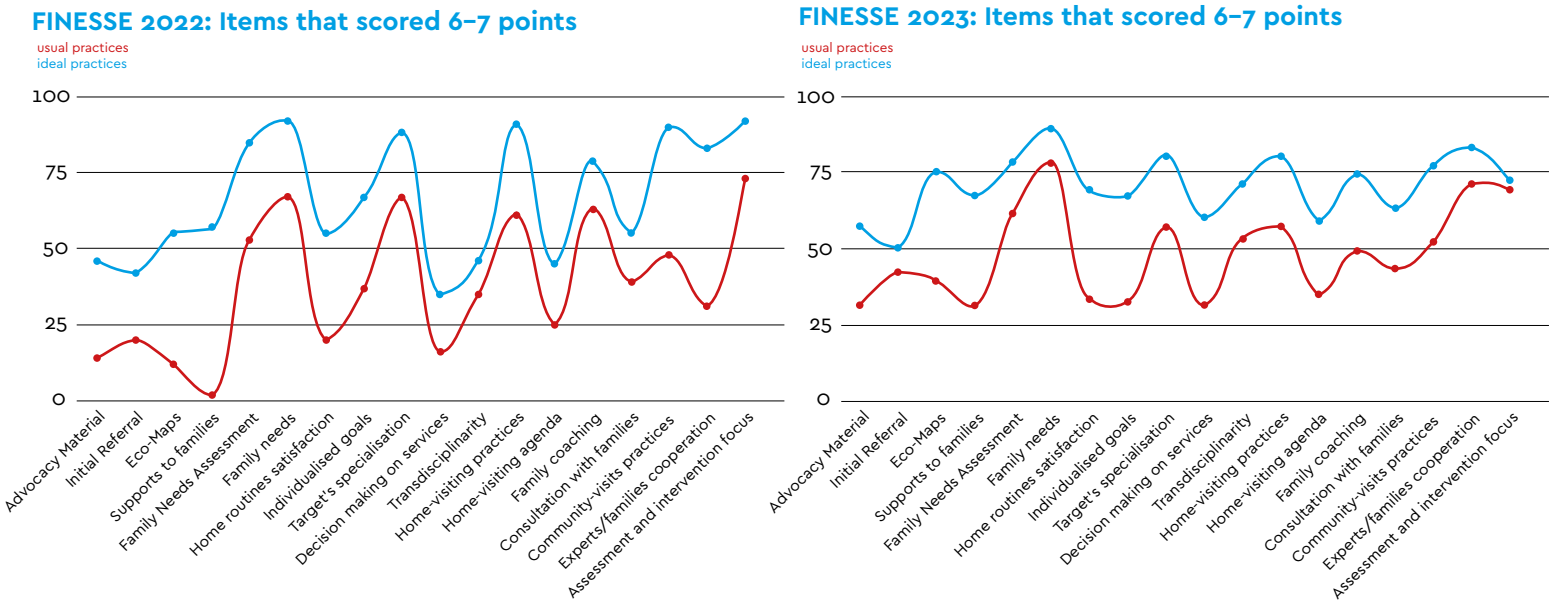


Figure 5: FINESSE: Items that scored 6–7 points

For what concerns usual practices, the highest percentages of 6–7/7 responses were about the area of family needs, which had the highest score with 78%, followed in order by experts/families cooperation (which had a high increase compared to the first assessment), focus on the child engagement, independence and social relationship in everyday routines, and assessment and intervention focus. Also, a remarkable increase compared to the results of AM1 can be noticed in the areas of support to families, advocacy materials, initial referral, use of eco-maps, family coaching and expert/families cooperation.

In ideal practice, professionals showed an average score above 6 points, and the order of the answers in the different investigated items followed the same pattern as for usual practice. Professional's responses showed rather high average scores for usual practice in a system of service delivery that includes multidisciplinary sessions in clinical rooms, a focus almost exclusively on the child, and little attention to child functioning in naturally occurring routines.

It is possible that respondents in the current study during AM1 were not knowledgeable enough of the practices described in the FINESSE-II to make good appraisals of their own usual practice, thereby rating themselves higher than they did perform. Ideal practices were always rated higher than typical practices. Hence professionals recognised their typical practices to be less recommended than what they thought would be ideal.

A critical finding of this assessment was that the discrepancy between ideal and usual practices a year after the pilot programme seems to have decreased in most items. It is worth noting that discrepancy has reduced significantly in areas such as experts and family cooperation, assessment, and intervention focus and that more professionals understand the descriptors of points 6–7 as ideal.

More specifically, we see a clear rise in the ideal practices scale between 2022 and 2023 in items such as initial referral, eco-maps, decision-making on services and transdisciplinarity.

The positive change in the transition of the service provision towards a family-centred model, which is clearly reflected in the graphs above, is also evident in the structured self-assessment reports that were completed by all pilot providers at the end of the pilot implementation and in the group discussions that were held after study visits.

More specifically, the main findings of those qualitative assessment methods for some of the participating ECI providers were the following:

- Respondents from ELEPAP reported strengthening their interdisciplinary approach and planning to include home visiting during the initial assessment.
- Theotokos has already started a small-scale home visiting program which they plan to upscale next year. They have realised that a home visiting program can offer a totally different perspective and be very efficient. It needs time, though, to be established. They have also started using the model "early-start" to agree on goals for supported children and families. This is an approach using both the Illinois assessment model and the Routines-Based Intervention approach.
- Amimoni has started using the Routines-Based Interview methodology as a part of their initial assessment, which has helped them clarify the family-centred approach to parents from day one and have them on board.
- PEKGAP is in the process of transitioning from a solely child-focused diagnosis to a holistic assessment that takes into consideration the needs and resources of children and families. They have also activated groups of parents and done internal training to support their professionals to be more flexible and establish better relationships with parents.

However, the classification of family-centeredness reflected a greater difference in providers' beliefs than it did in actual practices. This was clear in follow-up interviews and during the group discussions, we held with pilot service providers throughout the pilot phase to assess progress made in terms of implementing new methodologies, to reflect on the challenges faced and the lessons learned and to assess the extent to which they achieved their original goals.

Most participants recognised that the medical model was inappropriate for early intervention. However, they underlined the difficulties in shifting professionals' and families' mentality. They agreed that, despite good efforts, early intervention is still largely perceived as specialists providing hands-on intervention to children, relegating families to an observer role, seeing the child in a clinical setting, ignoring the context of the child's everyday life, and believing, and therefore teaching parents, that the child's improvements are the result of weekly sessions.

Nevertheless, most professionals involved in the pilot project mentioned that after the one-year pilot implementation, their understanding of the family-centred ECI concept has become deeper and more refined. Practitioners seemed to recognise that working with families isn't simply about holding more meetings with them and getting them involved in the therapy sessions, but rather professionals getting involved in the families' home routines.
Most professionals stressed that working with caregivers to help children learn skills they need in their everyday routines should include home visits and visits to their educational environments. Issues such as staff shortages and legal barriers in setting up mobile units were raised by public service providers at that point.

Some professionals also addressed the issue of families' misconceptions and fearfulness in having interventions in their homes and suggested including videos from families' homes as an intermediary step. Professionals also raised the issue of the medical community being unaware of the benefits of family-centred ECI programmes and their difficulties in accepting that children learn throughout the day, not just in professional-led sessions.

All participants in the group discussions expressed the intention to maintain a network of interaction, communication, and ongoing cooperation. Further research about the reasons for the discrepancy between usual and ideal practices is needed. In a longitudinal study, for example, researchers could determine whether training and coaching in these kinds of practices would reduce the usual-ideal gap.

4. Challenges in the transformation process of ECI services

The rationale for taking a family-centred approach to early intervention is because of how children learn, the fact that families are already using naturally occurring learning opportunities, and support to families results in positive outcomes. However, the analysis conducted shows that implementing early childhood intervention programmes can be challenging due to various factors listed below.

Lack of awareness and understanding. Many communities, parents, and caregivers may not fully understand the importance and benefits of early childhood intervention. A lack of awareness can lead to low participation rates and limited support for such programs. A lack of common understanding and shared vision between professionals might also lead to work duplication and antagonistic phenomena between EOPPY-funded individual therapies and family-based ECI programmes.

Limited funding and resources. Early childhood intervention programmes require significant financial resources to provide comprehensive services. Securing adequate funding can be challenging, especially in low-income communities or countries with limited resources. Insufficient resources can result in limited programme capacity and inadequate support for children and families.

Access and outreach. Ensuring equal access to early childhood intervention services can be challenging, particularly in rural or marginalised communities. Limited transportation, distance, and lack of outreach efforts may hinder families from accessing the programs. Inadequate access can perpetuate inequalities and prevent children from receiving timely and appropriate interventions.

Coordination and collaboration. Effective implementation of early childhood intervention programmes often requires collaboration among multiple stakeholders, including healthcare professionals, educators, social workers, and community organisations. Coordinating efforts and establishing effective communication channels among these diverse groups can be challenging and may require significant coordination and cooperation efforts.

Workforce capacity and training. A well-trained workforce is crucial for the successful implementation of early childhood intervention programs. However, there may be a shortage of qualified professionals, such as early childhood educators, therapists, and specialists, who have the expertise to deliver appropriate interventions. Training and retaining a skilled workforce can be a significant challenge.

Long-term sustainability. Maintaining the continuity and sustainability of early childhood intervention programs can be challenging. Programs often require ongoing funding, community support, and political commitment. Without long-term sustainability plans, programmes may struggle to maintain their effectiveness and impact.

Addressing these challenges requires a multi-faceted approach that involves advocacy, policy support, community engagement, capacity building, and collaboration among various stakeholders.

Conclusions

Early intervention in Greece has long been oriented towards children's deficits rather than focusing on what children and their families need to participate meaningfully in their natural environments. The shift of focus from the child's non-functional skills to considering both functional and contextual factors to support the child's development in family routines is complex and requires effort and time.

Given this context, a radical change could not be expected to happen in one year; however, the pilot phase of the project in Greece has shown positive progress towards family-centred early childhood intervention (ECI) practices. Parents and caregivers reported higher levels of satisfaction compared to the initial assessment, indicating a positive shift in attitudes.

The comparison of data between 2022 and 2023 demonstrated a convergence towards family-centred approaches in professionals' typical practices. Practitioners highlighted the importance of collaboration with families, of focusing the intervention on the child engagement in daily routines, and the use of family assessments in service provision. Structured self-assessment reports and group discussions revealed positive changes in interdisciplinary approaches, home visiting programs, and holistic assessments.

The pilot phase has provided encouraging results and promising prospects for the future of ECI in Greece. The findings of this report thus show that training and testing can speed up the process and create awareness in staff and families and facilitate the transition at the level of the single service while influencing the whole system too.

However, challenges related to shifting mentalities and misconceptions about early intervention were identified. Further research and ongoing efforts are needed to bridge the gap between ideal and usual practices and sustain the progress made in family-centred ECI.

The main challenges highlighted in the report show most of them are linked to wider issues in the areas of funding, training, coordination, and access, which require systemic-level interventions.

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Appendix I: Family-Centred Practices Scale

(Extended version)

Carl J. Dunst and Carol M. Trivette

This scale includes a list of statements that describe different ways professionals might interact with and treat families. Please indicate which response best describes how the Family, Infant and Preschool Program staff member interacts with and treats you as part of working with your children and family.

Please indicate how the Family, Infant and Preschool Program staff member *interacts with and treats you and your family.*	Never	Very Little	Some of the Time	Most of the Time	All of the Time
Really listens to my concerns or requests	1	2	3	4	5
Treats me and my family with dignity and respect	1	2	3	4	5
Sees my child(ren) and family in a positive, healthy way	1	2	3	4	5
Is sensitive to my family's cultural and ethnic background	1	2	3	4	5
Provides me information I need to make good choices	1	2	3	4	5
Understands my childr(ren) and family's situation	1	2	3	4	5
Works with me and my family in a flexible and responsive manner	1	2	3	4	5
Helps me be an active part of getting desired resources and support	1	2	3	4	5
Presents me all the options about different kinds of supports and resources available for achieving what my family considers important	1	2	3	4	5
Is flexible when my family's situation changes	1	2	3	4	5
Builds on my child(ren) and family's strengths and interests as the primary way of supporting my family	1	2	3	4	5
Does what they promise to do	1	2	3	4	5
Works together with me and my family based on mutual trust and respect	1	2	3	4	5
Recognizes the good things I do as a parent	1	2	3	4	5
Helps me and my family accomplish our goals and priorities for my child(ren)	1	2	3	4	5
Helps me learn about things I am interested in	1	2	3	4	5
Supports me when I make a decision	1	2	3	4	5

Appendix II: FINESSE II Questionnaire

R. A. McWilliam 2011
Original version dated 2000
Revised with addition of Item 20 in 2017

Families In Natural Environments Scale of Service Evaluation

Directions: In rating each item, first read all of the descriptors. On the scale above the descriptors, circle the number that best represents your typical practice. On the scale below the descriptors, circle the number that represents what you would like to do on this item (ideal practice). If the item describes a function you do not perform, write NA.

1. Written Program Descriptions (brochure, flyers, etc.)						
Typical practice						
1	2	3	4	5	6	7
Written materials exclusively **describe** services for the child only, such as therapy and instruction.		Written materials **emphasise** services for the child only, such as therapy and instruction.		Written materials **mention** emotion, information, and material support for families.		Written materials **emphasise** emotional, informational, and material support for families.
1	2	3	4	5	6	7
Ideal practice						
If discrepancy between typical and ideal practice, why ?						

2. Initial Referral Call						
Typical practice						
1	2	3	4	5	6	7
Person handling the initial referral call describes the program **solely** in terms of therapy and instruction for children.		Person handling the initial referral call describes the program **primarily** in terms on intervention for children.		Person handling the initial referral call describes the program primarily in terms of intervention for the child and **mentions** support for families.		Person handling the initial referral call describes the program **primarily** in terms of support to families.
1	2	3	4	5	6	7
Ideal practice						
If discrepancy between typical and ideal practice, why ?						

3. Intake						
Typical practice						
1	2	3	4	5	6	7
No systematic method is used to determine the family's resources.		The family is **asked** what their concerns, priorities, and resources are.		A **conversation** with the family is used to ascertain their supports and resources.		An **ecomap** is developed to determine the family's informal and formal supports and who lives with the child.
1	2	3	4	5	6	7
Ideal practice						
If discrepancy between typical and ideal practice, why ?						

4. Supports						
Typical practice						
1	2	3	4	5	6	7
Child's primary caregivers and services already recieved are the only supports identified during IFSP/IEP development.		**Informal and formal supports** are determined **without** an indication of level of support from each.		**Oral or written questionnaire** is used to determine the family's support, **with** an indication of level of support from each.		An **ecomap** is used to determine extended family members, friends, neighbours, religious supports, profesionnals, and financial ressources, with an indication of level of support from each.
1	2	3	4	5	6	7
Ideal practice						
If discrepancy between typical and ideal practice, why ?						

5. Needs assessment						
Typical practice						
1	2	3	4	5	6	7
Hardly any needs assessment is conducted. Mostly **testing results** are used to plan interventions.		In addition to formal testing, **formal assessments** are carried out to plan interventions.		Everyday routines are considered, but assessment is organised by **developmental domains.**		In addition to any testing, informal methods are used to determine the child's engagement, independence, and social relationships in everyday **routines**.
1	2	3	4	5	6	7
Ideal practice						
If discrepancy between typical and ideal practice, why ?						

6. Family Needs						
Typical practice						
1	2	3	4	5	6	7
Families are **asked** what their needs are.		Families complete a **questionnaire** about their needs.		Family-level needs are identifies **informally** but they are **not** asked directly about their needs and desires for any change in their lives.		Family-level needs are identified primarily through informal or semi-structured conversations about everyday routine as well as **direct questions** about their needs and desire for any change in their lives
1	2	3	4	5	6	7
Ideal practice						
If discrepancy between typical and ideal practice, why ?						

7. Satisfaction with Home Routines						
Typical practice						
1	2	3	4	5	6	7
For planning interventions, families are **not asked** about their satisfaction with everyday routines.		**Professionals** decide which routines are working well for families.		**Families** are asked about their satisfaction with routines but **not to score** their satisfaction.		Families are asked to rate their satisfaction with each routine on a 1(negative) on 5(positive) **scale.**
1	2	3	4	5	6	7
Ideal practice						
If discrepancy between typical and ideal practice, why ?						

8. Individualised Outcomes/Goals						
Typical practice						
1	2	3	4	5	6	7
Almost all plans have only child-level outcomes that don't specify participation and **no family-level outcomes.**		Plans have child-level outcomes that **don't specify participation** and **family-level outcomes.**		Plans have **fewer than 6** outcomes, come of which are **participation-based** child-level outcomes and some are family-level outcomes.		Plans have **6–12 outcomes**, some of which are participation-based child-level outcomes and some are family-level outcomes.
1	2	3	4	5	6	7
Ideal practice						
If discrepancy between typical and ideal practice, why ?						

9. Specificity of Outcomes/Goals						
Typical practice						
1	2	3	4	5	6	7
Child-level outcomes **do not specify the behaviour**, just the domain (*e.g., Johnny will communicate*)		Child-level outcomes **specify the behaviour** but **not criteria for acquisition and generalisation or time frame.**		Child-level outcomes specify the behaviour and **criterion for acquisition but not generalisation or time frame**		Child-level outcomes specify the behaviour, criteria for **acquisition and generalisation, and time frame.**
1	2	3	4	5	6	7
Ideal practice						
If discrepancy between typical and ideal practice, why ?						

10. Service Decisions						
Typical practice						
1	2	3	4	5	6	7
Services are decided upon on the basis of **the child's delays or diagnoses.**		Services are decided upon on the basis of **outcomes/goals, assigning professionals to match the domains of the outcomes.**		Services are decided upon, after beginning with a **primary service provider**, then adding other team members, so **every IFSP/IEP has a team of multiple professionals.**		Services are decided upon, after beginning with a primary service provider, then, outcome by outcome, **adding only necessary people.**
1	2	3	4	5	6	7
Ideal practice						
If discrepancy between typical and ideal practice, why ?						

11. Transdisciplinarity of Home-Based Early Intervention (write NA if not applicable)						
Typical practice						
1	2	3	4	5	6	7
Two or more service providers work with the family at separate times and **with little communication** between or among them.		**Two or more service providers** work with the family at separate times and **communicate** with each other.		One service provider has the most contact with a family, but others have **separate visits**		One primary service provider works with the family, **with consultation**, as needed, from professionals from other disciplines.
1	2	3	4	5	6	7
Ideal practice						
If discrepancy between typical and ideal practice, why ?						

12. Home-Visiting Practices						
Typical practice						
1	2	3	4	5	6	7
Visits consist primarily of the home visitor's **working directly with the child**.		Visits consist primarily of the home visitor's **demonstrating techniques** to the family, whose main role is to observe.		Visits consist primarily of **consultation with/ coaching of** the family about functional child skills but not meeting family-level needs.		Visits consist primarily of consultation with/ coaching of the family about functional child skills or **meeting family-level needs.**
1	2	3	4	5	6	7
Ideal practice						
If discrepancy between typical and ideal practice, why ?						

13. Home Visit Agenda						
Typical practice						
1	2	3	4	5	6	7
The home visit agenda is the **activities the home visitor takes**, to work with the child.		The home visit agenda is **a mixture** of professional-child activities and professional-family talk.		The home visit agenda is **almost exclusively predetermined by outcomes/goals** on the IFSP.		The home visit agenda is functional outcomes but the **family has the opportunity to set the home visit agenda.**
1	2	3	4	5	6	7
Ideal practice						
If discrepancy between typical and ideal practice, why ?						

14. Adult Learning and Consultation/Coaching						
Typical practice						
1	2	3	4	5	6	7
The home visitor determines what the needs are, **tells** the family what should be done, and evaluates the family's success in carrying out the intervention.		The home visitor makes **suggestions about professional-identified** needs.		The home visitor makes suggestions about **family-identified** needs, without **little input** from the family.		**Together**, the home visitor and the family provide information about needs, about potential interventions, and about the success of interventions tried
1	2	3	4	5	6	7
Ideal practice						
If discrepancy between typical and ideal practice, why ?						

15. Family Consultation						
Typical practice						
1	2	3	4	5	6	7
Developing interventions consists of the home visitor's mostly **telling** the family what they should try.		Developing interventions consists of the home visitor's giving **suggestions** to the family.		Developing interventions consists of the home visitor's giving suggestions to the family and **asking the family for their input**.		Developing interventions consists of the home visitor's mostly **asking questions** of the family, including *Have you tried _____*?
1	2	3	4	5	6	7
Ideal practice						
If discrepancy between typical and ideal practice, why ?						

16. Demonstrations for Caregivers						
Typical practice						
1	2	3	4	5	6	7
The early interventionist works with the child to demonstrate for the caregiver, with **little discussion**.		The early interventionist works with the child to demonstrate for the caregiver, **explaining** what he or she is doing.		Demonstrations are accompanied by discussion between the early interventionist and the caregiver, but **not preceded by much conversation** about this skill.		Demonstrations of interventions occur **after conversation** about implementation in everyday routines and are accompanied by discussion between the early interventionist and the caregiver.
1	2	3	4	5	6	7
Ideal practice						
If discrepancy between typical and ideal practice, why ?						

17. Community-Visiting Practices						
Typical practice						
1	2	3	4	5	6	7
The early interventionist works directly with the child on skills that might or **might not be relevant for classroom routines.**		The early interventionist works directly with the child on skills that fit **within classroom routines**, but spends little time consulting with/coaching the teaching staff.		The early interventionist **consults with/ coaches the teaching staff** on interventions that fit within classroom routines, but **with very little demonstration.**		The early interventionist consults with/ **coaches the teaching staff** on interventions that fit within classroom routines, **using demonstration as necessary.**
1	2	3	4	5	6	7
Ideal practice						
If discrepancy between typical and ideal practice, why ?						

18. Working With Families						
Typical practice						
1	2	3	4	5	6	7
Early interventionists are friendly and respectful to families but **do not support their decision making about their child**, attend to their needs, or give them a role in administration of the program.		Early interventionists are friendly and respectful to families and support their decision making about their child **but do not attend to their needs** or give them a role in administration of the program.		Early interventionists are friendly and respectful to families, attend to their needs, support their decision making about their child **but do not give them a role** in administration of the program.		Early interventionists are friendly and respectful to families, attend to their needs, support their decision making about their child, and **give them a role in administration of the program.**
1	2	3	4	5	6	7
Ideal practice						
If discrepancy between typical and ideal practice, why ?						

19. Focus of Child-Level Assessment and Intervention						
Typical practice						
1	2	3	4	5	6	7
The focus of assessment and intervention is on the child's **performance of skills listed on developmental tests or curricula.**		The focus is on the child's performance of **functional** skills listed on developmental tests or curricula.		The focus is on the child's **engagement, independence, and social relationships but not necessarily in everyday routines.**		The focus of assessment and intervention is on the child's engagement, independence, and social relationships **in everyday routines.**
1	2	3	4	5	6	7
Ideal practice						
If discrepancy between typical and ideal practice, why ?						

20. Location of Sessions by Specialists (does not apply to classroom teaching of children)						
Typical practice						
1	2	3	4	5	6	7
Almost all sessions occur in **centers** where clinician works with the child.		**Most sessions occur in clinical centers** but some occur in natural environments.		**Most sessions occur in natural environments** but some occur in clinical centers.		Almost all sessions occur in homes, children's classrooms, or other **natural environments.**
1	2	3	4	5	6	7
Ideal practice						
If discrepancy between typical and ideal practice, why ?						

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Original title according to project management plan: Report on impact assessment of the implementation of the new ECI model in Greek service providers. Deliverable 2.2, under Work Package 2 "Impact assessment of new ECI model in Greece".

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