



Funded by the
European Union

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

Grant Agreement n° 101048313

Family Centred ECI Training Package for Staff of ECI Services

Training Manual

**Deliverable 2.1 (as per the Workplan) under Work Package 2:
Impact assessment of new ECI model in Greece**



Funded by the European Union via the Technical Support Instrument and implemented by EASPD, in cooperation with the European Commission's Directorate-General for Structural Reform Support

DISCLAIMER

The information and views set out in this document are those of the author(s) and do not necessarily reflect the official opinion of the Commission. The Commission does not guarantee the accuracy of the data included in this document. Neither the Commission nor any person acting on the Commission's behalf may be held responsible for the use which may be made of the information contained therein.

European Association of Service providers
for Persons with Disabilities

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

Original title according to project management plan

Family Centred ECI Training Package for Staff of ECI Services. Deliverable 2.1 (as per the Workplan) under Work Package 2: Impact assessment of new ECI model in Greece.

Page | 2

Credits & Rights

Attribution: Please cite this work as follows: European Association of Service providers for Persons with Disabilities (EASPD), Brussels, 2023.

Copyright: Copyright © EASPD 2023. All rights reserved. No part of this publication may be reproduced, stored in, or introduced into a retrieval system without the prior permission of the copyright owners.

Authors

Vasilis Kalopisis, Agapi Papadaki, edited by Irene Bertana.



Contents

List of abbreviations 4

Introduction..... 5

1. Training objectives..... 6

2. Training methodology 6

3. Training programme: train-the-trainer 1-3 March 2022..... 7

4. ECI training programme package 10

5. Training structure and tips for trainers 12

Introduction, methodology and objectives of the training 14

Part 1: The Why of ECI..... 16

1.2 The neurodevelopmental base of ECI 43

 1.2.1 Contemporary research evidence on the neurodevelopmental base of ECI 43

Part 2: The How of ECI 55

 2.1 Best Practices in ECI..... 55

 The ECI example of Georgia. Challenges and recommendations..... 56

 2.2 ECI service circle 58

 2.2.1 Referral to ECI services and different ways of defining eligible children 58

 2.2.2 Evaluation of a child and family based on bio-psycho-social model, parent-mediated and routine-based practice..... 59

 2.2.3 Development of the Individual Family Service Plan. How to set functional goals. 62

 2.2.4 Home visiting. Structure and process..... 66

 2.2.5 Main steps of the transition process. Monitoring and re-assessment of the implementation of the IFPS. Training of staff and ECI standards..... 66

Wrap up of the training 67



European Association of Service providers
for Persons with Disabilities

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

List of abbreviations

DG REFORM: Directorate-General for Structural Reform Support

DI: Deinstitutionalisation

EC: European Commission

ECEC: Early Childhood Education and Care

ECI: Early Childhood Intervention

EASPD: European Association of Service providers for Persons with Disabilities

EU: European Union

Eurlayid: European Association on Early Childhood Intervention (EAECI)

IFSP: Individualised Family Services Plan

MoLSA: Ministry of Labour and Social Affairs

NGO: Non-governmental Organisation

PWD: Persons with Disabilities

RRF: Recovery and Resilience Facility

UN: United Nations

UNCRC: United Nations Convention on the Rights of the Child

UNCRPD: United Nations Convention on the Rights of Persons with Disabilities

UNICEF: United Nations Children's Fund



European Association of Service providers
for Persons with Disabilities

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

Introduction

Research supports early quality intervention increases the likelihood of positive results in terms of future development for children and their families. The programs with the most significant impact are those that enhance the abilities of parents and caregivers as privileged mediators in promoting children's development through an intervention that aims to optimise parent-child interaction and the emotional connection between them.

Page | 5

This training activity has been designed as a part of the ECI Greece Project to support the Greek Ministry of Labour and Social Affairs in the development of contemporary, evidence-based ECI models and systems in Greece as preparation for a following pilot implementation in seven selected service. The project is funded by the European Commission Directorate-General for Structural Reform Support and co-implemented with EASPD, the European Association of Service Providers for Persons with Disabilities.

Staff trained through this activity will implement the concepts and methodologies provided, train their peers and involve other stakeholders such as parents in the piloting of the project. After completing this training session, more training activities have been foreseen during the following one-year pilot implementation phase adapted to the specific needs of the pilot service providers.



1. Training objectives

The general objective of the training is to raise awareness, update professionals on evidence-based practices for Family-centred Early Childhood Intervention and promote capacity building of pilot service providers to begin transforming their services towards a family-centred ECI model.

More specific objectives of this training include the following:

- 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 through the use of tested tools for their everyday practice.

2. Training methodology

The training has a theoretical/practical character, in which theoretical concepts are to be conveyed and simultaneously involve the participants in an interactive and participative way.

The use of participatory and dynamic methodologies that value learning and personal development will be emphasised: interactive and expository method (through the use of slides and videos), with training of skills, through practical exercises and group dynamics.

The document “Recommended Practices in Early Intervention in Childhood: A Guide for Professionals” (developed by the ANIP the Portuguese Association for Early Intervention and translated into English in the framework of the [ECI Agora project](#)) is considered a reference document for the whole training.

The training manual is complemented with PowerPoint presentations corresponding to the topics shared in the manual.



European Association of Service providers
for Persons with Disabilities

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

3. Training programme: train-the-trainer 1-3 March 2022

You can find below the training programme delivered to the ECI service providers selected for the pilot on family-centred methodologies from 1 to 3 March 2022.

The programme was about sharing the key elements of the paradigm shift to family-centred ECI and was inspired by the ECI Agora project train-the-trainer, but tailor-made around the ECI Greece project, with parts looking into the specificities of the Greek context and presentations prepared by the service providers selected for the pilot about their activities and methodologies. If this training is reproduced, a similar approach could be taken by leaving time for exchange and inviting participants to share their good practices.

Page | 7

DAY 1 – Tuesday 1 March	
Time	Programme
14:00 – 14:15	Welcome address (European Commission, DG Reform; Ministry of Labour and Social Affairs; EASPD)
14:15 – 14:30	Tour de table , Introduction of trainers and trainees
The framework of the family-centred ECI approach	
14:30 – 14:45	Introduction & Training objectives , <i>Vasilis Kalopisis - Local Project coordinator, EASPD</i>
14:45 – 15:00	EASPD action in promoting ECI , <i>Maya Doneva – Secretary General, EASPD</i>
15:00 – 15:10	ECI in the context of the Social welfare reform and Deinstitutionalisation process in Greece , <i>Vasilis Kalopisis</i>
15:10 – 15:15	ECI State of play in Greece , <i>Agapi Papadaki - ECI National Expert, EASPD</i>
15:15 – 15:25	Break
15:25 – 15:45	The evolution of the conceptual framework of ECI and the most recent definitions , <i>Vasilis Kalopisis</i>
15:45 – 17:30	ECI guiding principles and practices toward a Paradigm Shift. Why is it important to intervene early? Why family and natural environments are important? <i>Agapi Papadaki</i>
17:30 – 18:00	Wrap up of the day , <i>Vasilis Kalopisis, Agapi Papadaki</i>
DAY 2 – Wednesday 2 March	
Time	Program
10:00 – 10:10	Introduction of the day's schedule
Part I - Best Practices in ECI	
10:10 – 10:40	Best practice in ECI and different country service models, Q&A , <i>Rusudan Bochorishvili - Founder and head of Coalition for Early Childhood Development, Director of ECI service First Steps, Georgia</i>



European Association of Service providers
for Persons with Disabilities

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

10:40 – 11:20	Working in small groups Exercise: create an optimal National ECI model for Greece with consideration of national resources – economic, social, human and in line with the main philosophy and principles of ECI: service should be available for each child with special needs or at risk; should be free of charge; accordingly, should be funded by the government, <i>Rusudan Bochorishvili</i>
11:20 – 11:35	Break
Part II – ECI service circle	
11:35 – 11:55	Referral to ECI services and different ways of defining eligible children (criteria and tools for identification of eligibility), Q&A, <i>Rusudan Bochorishvili</i>
11:55 – 12:05	Discussion: How children are referred to services in Greece and what is needed to have an effective referral system based on the Social/Ecological model, <i>Rusudan Bochorishvili</i>
12:05 – 12:35	Group work. What kind of activities/tools do we need to conduct a bio-psycho-social assessment of a child and how to ensure engagement of the parents right from the beginning, <i>Rusudan Bochorishvili</i>
12:35 – 13:10	Evaluation of a child and family based on bio-psycho-social model, parent-mediated and routine-based practice, (Ecomap; Routine Based interview; Person-centred interview; Assessment of child’s physical environment, safety, and hygiene; Assessment of positive parenting skills; Developmental assessment of child; Introduction of assessment process video) - <i>Rusudan Bochorishvili</i>
13:10 – 13:20	Presentation from a pilot Service Provider. First Contacts: The transition from a Professional Perspective of the Problem/ Referral to a Family Centred Approach. <i>Xenia Kairi, Educational Psychologist / Child Psychologist, Prevention & Counselling Center PEGKAP</i>
13:20 – 14:00	Lunch Break
14:00 – 14:10	Presentation from a pilot Service Provider. Collaboration with family and required interventions <i>Kalliope Fradeli, Preschool Teacher, Michalineio Children Care Center</i>
14:10 – 14:20	Presentation from a pilot Service Provider. “I learn, I respect, I analyse, I prepare, I train, I regulate, I adapt, I change, I create, I feel, I am open-minded and receptive - Early Intervention - One step at a time”- <i>Ioanna Kafousi, Physiotherapist, Kiriaki Katzoli, Psychologist - Department of Recovery and Rehabilitation for Children with Disability, Center for Social Welfare of Crete</i>
Part III – Creation of parent-mediated Individualised Family Service Plan (IFSP)	
14:20 – 14:25	Brainstorming – How to create effective IFSP together with parent/parents - <i>Rusudan Bochorishvili</i>
14:25 – 14:45	What techniques of coaching do we use in ECI practice, video example – presentation <i>Rusudan Bochorishvili</i>
14:45 – 15:15	Group exercise on challenges in the everyday routines of professionals -<i>Rusudan Bochorishvili</i>
15:15 – 15:50	Creation of functional goals with the help of routine-based planning. Presentation & exercise in small groups - <i>Rusudan Bochorishvili</i>



European Association of Service providers
for Persons with Disabilities

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

15:50 – 16:00	Break
Part IV – Implementation of the IFSP	
16:00 – 16:15	How to support the family in the implementation of the agreed IFSP. Family characteristics and stress resilience - <i>Rusudan Bochorishvili</i>
16:15 – 16:30	Home visit structure, presentation & video of a home visit - <i>Rusudan Bochorishvili</i>
16:30 – 16:40	Presentation from a pilot Service Provider. In-home visiting, Family participation, adaptation of a child's natural environment, trainings in the daily life of the child and supportive counselling for the family <i>-Eleni Vernadaki, ECI educator & Ourania Zoi-Mitsi, Social Worker, Amimoni</i>
16:40 – 17:00	Small group exercise - Importance of flexibility and improvisation
17:00 – 17:40	Next steps of ECI service provision: evaluation of IFSP outcomes, transition and working in the kindergarten, professional development and supervision, service Monitoring and Evaluation - <i>Rusudan Bochorishvili</i>
17:40 – 17:50	Presentation from a pilot Service Provider. ECI in the Community for pre-schoolers and their families. - <i>Mirella Giannakopoulou, Special Educator, Head of Early Intervention and Pre-Vocational training Department, Theotokos Foundation</i>
17:50 – 18:00	Wrap up , closing of day 2
DAY 3 – Thursday 3 March	
Time	Program
10:00 – 10:10	Introduction of the day's schedule
Part I - Neurodevelopmental base of ECI	
10:10 – 12:00	Contemporary Research-based evidence on the Neurodevelopmental base of ECI, <i>Nikolaos Kozeis- Pediatric Ophthalmologist, Neuroophthalmologist, Researcher</i>
12:00 – 12:10	Break
12:10 - 13:10	Presentation of family-centred assessment tools, <i>Nikolaos Kozeis</i>
13:10 – 13:20	Presentation from a pilot Service Provider. Supporting children with cancer and children coming from Intensive care Units - <i>Eleni Potamiti - Senior Physiotherapist and Zoi Dalivigka Physical Medicine & Rehabilitation Specialist: ECI department of Aglaia Kyriakou Hospital</i>
13:20 – 13:30	Presentation from a pilot Service Provider. Parents' support and counselling groups in ELEPAP - <i>Papadopoulos Michalis, Head of Social Service department of ELEPAP</i>
13:30 – 14:10	Lunch Break
Part II– Organisational aspects relevant to the development of an ECI system/service	
14:10 – 15:40	How to transform a service from a therapeutic perspective to a Family-centred model. Obstacles and opportunities, Part I, <i>Rusudan Bochorishvili</i>
15:40 – 15:50	Break
15:50 – 17:30	How to transform a service from a therapeutic perspective to a Family-centred model. Obstacles and opportunities, Part II, <i>Rusudan Bochorishvili</i>
17:30 – 17:40	Next steps and pilot implementation
17:40 – 18:00	Wrap up of the training & closing

Page | 9



4. ECI training programme package

Starting from the train-the-trainer programme and experience, we are proposing below a structure for a training activity that trainers can potentially reproduce in another context.

As you can see from the table below, the order of the activities was partly changed, and the presentation from the service providers' experience were removed. We recommend, if time allows, to replace them with group activities, to foster discussion and peer-to-peer learning.

This structure is to be seen as an outline to adapt to the specific needs of the training participants, and the strengths and knowledge of the training team. This outline contains the essential parts for participants to start discovering the basics of family-centred Early Childhood Intervention but can and possibly should be extended in its interactive parts.

The total duration of this training is thus of 11 hours and 45 minutes, but can be extended, up to 15 hours or more.

Training on family-centred methodologies in Early Childhood Intervention	
Time	Activity
30 min	Welcome address, tour de table, introduction of trainers and trainees
10 min	Presentation of the context, the methodology and the structure of the training
5 min	Training objectives
PART 1. The Why of ECI (5,5 hours)	
1.1 The framework of the family-centred ECI approach	
10 min	ECI in the context of the Social welfare reform and Deinstitutionalisation process in Greece
10 min	ECI State of play in Greece
25 min	The evolution of the conceptual framework of ECI and the most recent definitions
15 min	Break
120 min	ECI guiding principles and practices toward a Paradigm Shift. Why is it important to intervene early? Why family and natural environments are important?
15 min	Q&A
15 min	Break



European Association of Service providers
for Persons with Disabilities

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

1.2 The neurodevelopmental base of ECI	
90 min	Contemporary research evidence on the neurodevelopmental base of ECI
15 min	Q&A
10 min	Wrap up of PART 1
Part 2. The how of ECI (6 hours)	
5 min	Introduction to Part 2. Connection with Part 1
2.1 Best Practices in ECI	
30 min	Best practices in ECI and different country service models, Q&A
30 min	<i>Group Activity.</i> Create an optimal National ECI model for Greece with consideration of national resources
25 min	The ECI example of Georgia. Challenges and recommendations.
2.2 ECI service circle	
20 min	Referral to ECI services and different ways of defining eligible children
30 min	<i>Group activity.</i> How children are referred to services in Greece and what is needed to have an effective referral system based on the Social/Ecological model
20 min	Evaluation of a child and family based on bio-psycho-social model, parent-mediated and routine based practice.
15 min	Q&A
25 min	Break
45 min	Presentation of family-centred assessment tools. Ecomap, Routines based interview and more
20 min	<i>Group activity:</i> Develop an ECI service delivery schedule based on different working models
30 min	Development of the Individual Family Service Plan. How to set functional goals.
20 min	Home visiting. Structure and process
10 min	Main steps of the transition process. Monitoring and re-assessment of the implementation of the IFPS. Training of staff and ECI standards
15 min	Q&A
20 min	Wrap up of the training

Page | 11



5. Training structure and tips for trainers

In this section you will find a detailed explanation of contents and methodologies for conducting the trainers, that can support those who wish to organise such a training in their organisation, addressing the staff working in the provision of ECI services.

For what concerns the trainers, we recommend looking for an inter-disciplinary team of experts that have policy, academic, scientific and first-hand experience on family-centred ECI, in Greece and abroad.

The training is divided into the following sections, and sub-sections:

- Introduction, methodology and objectives of the training
- Part 1: The Why of ECI
 - 1.1 The framework of the family-centred ECI approach
 - 1.1.1 ECI in the context of the social welfare reform and Deinstitutionalisation process in Greece
 - 1.1.2 The evolution of the conceptual framework of ECI and the most recent definitions
 - 1.1.3 ECI guiding principles and practices toward a Paradigm Shift
 - 1.1.4 Why is it important to intervene early? Why family and natural environments are important?
 - 1.2 The neurodevelopmental base of ECI
 - 1.2.1 Contemporary research evidence on the neurodevelopmental base of ECI
- Part 2: The How of ECI:
 - 2.1 Best Practices in ECI
 - 2.2 ECI service circle
 - 2.2.1 Referral to ECI services and different ways of defining eligible children
 - 2.2.2 Evaluation of a child and family based on bio-psycho-social model, parent-mediated and routine-based practice.
 - 2.2.3 Development of the Individual Family Service Plan. How to set functional goals.
 - 2.2.4 Home visiting. Structure and process
 - 2.2.5 Main steps of the transition process. Monitoring and re-assessment of the implementation of the IFPS. Training of staff and ECI standards
- Wrap up of the training.



European Association of Service providers
for Persons with Disabilities

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

The table columns correspond to:

- Programme sections, with indication on time
- Topic of the presentation and method (lecture / group discussion etc.);
- Main points and contents for each topic
- Estimation of time for each topic
- PowerPoint presentations to be used, including an indication of the slide numbers.

Page | 13

The table refers to the PowerPoints presentations, provided in annex, in English and Greek. The table gives indications on when they will be shared, and the correspondence between topics, slides and time.

The presentations are the following:

- PPT 1: ECI, DI and Social Welfare Reform
- PPT 2: Legal Basis for ECI
- PPT 3: ECI Framework and definitions
- PPT 4: Guiding principles & practices: towards a Paradigm Shift
- PPT 6: ECI Country models and service provision
- PPT 7: ECI Service Planning. Family and child evaluation
- PPT 8: Individual Family Service Planning. Design and Implementation.

In the table below and the presentations in attachment are intended to be guiding trainers in covering the key topic to introduce family-centred early childhood intervention in all its essential aspects.



Introduction, methodology and objectives of the training 45 minutes			
Topic / Method	Main Points	Time	PPT slide
Preparation	Check practical arrangements: layout of rooms, if materials are ready, if audio-visual tools are working, if virtual training check sound – good connection with speakers.	Before the start	-
Welcome	<ul style="list-style-type: none"> Housekeeping (restrooms...) Ground Rules (if live: switch off your phones etc. if virtual: mute your mic while not speaking, chat, questions may be ask at any point through the presentations, you may raise your hand and the moderator will give you the floor...) Welcome address Consider 20 minutes for tour de table, Introduction of trainers and trainees (possible to do ice-breaking activities and use tools to foster exchange depending on the context of the training). 	30 min.	Welcome slide can be created
Presentation of the context, the methodology and the structure of the training	<ul style="list-style-type: none"> Context of the training. Present the context in which the specific training is taking place Methodology. Combination of theoretical and practical approaches, presentations from trainers, group discussions, group activities -active engagement of trainees in an interactive process, peer learning, presentations of good practices from participants. Use of a variety of teaching tools and methods Structure / timing. Part 1. The Why of ECI approximately 5 hours including 1.1 The framework of the family-centred ECI approach and 1.2 The neurodevelopmental base of ECI Part 2. The how of ECI approximately 7 hours including 2.1 Best Practices in ECI, 2.2 ECI service circle. 	8 min.	Slide can be created
Initial Statement. Lecture	<ul style="list-style-type: none"> Scientific research and experience indicate that quality early intervention increases the likelihood of positive outcomes in terms of future development for children and their families. The same research also points out that the programs with the most significant impact are those that enhance the skills of parents and carers as privileged 	2 min.	Slide can be created



European Association of Service providers
for Persons with Disabilities

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

	mediators in promoting child development through an intervention that aims to optimize parent-child interaction and emotional connection between them.		
Training objectives. Lecture	<p>Presentation of the general and specific objectives of the training.</p> <p>General objectives:</p> <ul style="list-style-type: none"> To inform professionals about evidence-based interventions related to family-centred early childhood intervention. Capacity building of selected professionals and organisations to start transforming their services in this direction. <p>Specific objectives:</p> <ul style="list-style-type: none"> Developing a common vision for building an Integrated National ECI System Identification and study of good practices in existing ECI services Knowledge and skills development by professionals and understanding of the different individual steps of a complete family-centred ECI cycle Provision of specific tools to professionals to include them into their daily practice with the children and families they support. <p>Quick presentation of the document "Recommended Practices in Early Intervention in Childhood: A Guide for Professionals.", ANIP, Associação Nacional de Intervenção Precoce, 2016. https://indd.adobe.com/view/ce456704-8e75-46a4-a7e6-700b024ed409.</p> <p>This document provides a reference point for the training.</p> <ul style="list-style-type: none"> Result of decades of development, testing and building of a national Early Childhood Intervention system in Portugal with the support of Eurlayid; Result of collection, integration and cooperation based on national and international experiences, best practices and modern research data. 	5 min.	Slide can be created



Part 1: The Why of ECI.

1.1 The framework of the family-centred ECI approach

Note to the trainer: PPT 1- ECI, DI and Social Welfare Reform – 10 minutes

1.1.1 ECI in the context of the social welfare reform and Deinstitutionalisation process in Greece

<p>ECI in the context of the social welfare reform and Deinstitutionalisation process in Greece. Lecture</p>	<ul style="list-style-type: none"> • Description of the situation in Greece regarding institutional care for children. • The role of ECI in the DI process. • The specific references to ECI in the Greek National DI Strategy and Action Plan. <p>Early Intervention can reduce the number of children who end up in institutions by empowering and supporting their families. In the DI Strategy, early intervention stands out as a distinct action included in a set of preventive measures to avoid institutionalization, including, among others, adoption, foster care, abuse prevention, inclusive education, the strengthening of social assistance programs and strengthening of the gatekeeping system.</p>	<p>5 min</p>	<p>PPT 1 slides 1-3</p>
<p>ECI as a step towards a new ecological and person-centred model of social care provision. Lecture</p>	<ul style="list-style-type: none"> • Transition from therapeutic approach to family-centered model in ECI = transition from a medical to a social / human rights based welfare model. • Shifting the approach: <ul style="list-style-type: none"> ○ from focus on the child/his difficulty to child's natural environment and natural relationships ○ from a one-sided emphasis on diagnostic tests, handicaps and risks, focus on talents and contributions of each child ○ from trying exclusively to correct a child's imperfections in an environment detached from reality to focus on improving the child's daily life and functional skills, on what make his quality of life better by promoting his social inclusion. • The expert moves from unilaterally instructing children and parents to cooperating with the family with respect, distinguishing and supporting their needs and desires, recognizing that every family is different and that they are the ones who know their child better than anyone else. 	<p>5 min</p>	<p>PPT 1 slides 4-5</p>



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

Note to the trainer: Open the PPT 2 Legal Basis for ECI – 15 minutes			
1.1.2 ECI State of play in Greece			
Legal basis for ECI. Lecture	<ul style="list-style-type: none"> Human rights and, especially, children’s rights are the conceptual framework of ECI and corroborate the right of every person to have access to all settings and fully participate in society. These are the foundations upon which the value and dignity of every person rely (Simeonsson, 2009). Many conventions, laws and decrees express the principles of these rights. Because of their importance, we underline the UN Convention on the Rights of the Child (UNICEF, 1989) and UN Convention on the Rights of Persons with Disabilities (United Nations, 2009), which have been ratified by Greece. 	3 min	PPT 2 Slide 2
Greek legal framework up to 2020. Lecture	The existing legal framework in ECI is targeted to services related to preschool preparation and adhesion of children (mainly Ministry of Education) as well as financing of specific therapies for the child.	2 min	PPT 2 Slide 3
Recent developments Lecture	The national strategy for Disability, of March 2002, explicitly declares the need to develop a national legal framework for Early Childhood Intervention for children with disabilities from birth to six.	2 min	PPT 2 Slide 4
The current needs. Lecture	<ul style="list-style-type: none"> No mapping of ECI service providers in Greece Lack of a commonly accepted definition of ECI Dominant medical model Lack of instituted services for families and children with disability under the age of 2 Lack of an official ECI referral process for children Lack of a uniform institutional framework Limited inter-ministerial coordination Deficient or no funding No early identification of needs Lack of a certification mechanism and quality criteria Lack of an ECI training framework Service delivery by private NGOs/Fragmented service system 	5 min	PPT 2 Slide 5
The ECI project as a response to the needs. Lecture	Key elements of the ECI Greece project: <ul style="list-style-type: none"> Training Country Report Agora ECI ECI roadmap & Suggestions for a comprehensive Legal Framework 	3 min	PPT 2 Slide 6



<p>Note to the trainer: Open the PPT 3 ECI Framework and definitions – 25 minutes</p>			
<p>1.1.3 The evolution of the conceptual framework of ECI and the most recent definitions</p>			
<p>Legal and policy base for early childhood. Lecture</p>	<ul style="list-style-type: none"> Key international instruments underpinning the need for intervention in early childhood: UNCRC, UN CRPD, and a series of charters and declarations. The key issue is ensuring the rights of all children for an equal, positive start in life. 	<p>1 min</p>	<p>PPT 3 slides 2-3</p>
<p>What is ECI for you? Activity</p>	<ul style="list-style-type: none"> “Check the notes in Slide 4 and in 5 minutes draft your personal definition for ECI services”. <ul style="list-style-type: none"> To whom is Early Childhood Intervention addressed? How is it provided (how, by whom, where)? What does it involve? What is the objective? <p>When the activity is over participants are asked to keep their draft definition in order to compare it with a new one that they will draft after completing this training.</p>	<p>6 min</p>	<p>PPT 3 slide 4</p>
<p>The evolution of the interventions and of the conceptual framework of ECI. Lecture</p>	<p>The conceptualization and implementation of ECI models and practices gradually went through a substantial evolution, due to scientific progress and research on developmental sciences, educational sciences, social sciences and related areas.</p> <p><u>1st generation of ECI programs:</u> Early Childhood Intervention programs first appeared in the 1960s in the United States. These services and practices, which were later called first-generation models, generally covered the period from 1960 to 1980.</p> <p><u>2nd generation of ECI programs:</u> Through the theoretical proposals of the ecological-systemic and bioecological model and the transactional perspective, the second generation ECI model appeared during the 1980’s, where practice is not exclusively centred on the child with problems and the intervention is extended to the family and community.</p> <p><u>3rd generation of ECI programs:</u> It’s in 1990 that what Carl Dunst calls the third generation of ECI programmes first appears, with family-centred support practice as background and comprising the following key elements</p> <ul style="list-style-type: none"> Learning opportunities of children; Supporting parental competences; Focus on family and community resources. 	<p>5 min</p>	<p>PPT 3 slides 5-7</p>



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

<p>What is ECI? Current definitions. Lecture</p>	<p>Definitions:</p> <ul style="list-style-type: none"> American Speech Hearing Association - the target group are "children at risk or with developmental difficulties or delays", and the age limit for the intervention is "from birth to the age of 3 years". pillars: family-centered approach in a physical context, interdisciplinary involvement of many specialties. It does not set specific goals. EU Agency for Development in Special Needs Education. Comprehensive. Basic guidelines and objectives of ECI and details on the way in which ECI is provided. It does not mention the age of the children, it includes families together with children as primary recipients of the services, it mentions interdisciplinarity and has references to the need for special training of ECI providers. Services are to be provided "in the child's natural setting", clear goals of the intervention. Early Childhood Intervention Australia (ECIA). Advanced conceptual understanding of ECI in line with current research. Key words: "well-being, and provision of experiences and opportunities for a meaningful participation in everyday life". Reconceptualisation of the aims of ECI to ensure that children with developmental disabilities gain functional skills that enable them to participate meaningfully in their everyday environments. Meaningful participation is the engine of development and the key to attaining a true sense of belonging and a satisfactory quality of life. It goes beyond the traditional notions of disability, remediation, and rehabilitation but thinks in terms of the full diversity of human ability and building children's' capabilities. Definition from "Recommended Practices in Early Intervention in Childhood: A Guide for Professionals.", Extended target group: not only children with disabilities but also at risk of having delays due to environmental conditions; Definition from Carl Dunst et al, 2010, very similar conceptual framework 	<p>5 min</p>	<p>PPT 3 slides 8-12</p>
<p>Key research evidence supporting current ECI definitions. Lecture</p>	<p>The reconceptualization of ECI is based on sound and consistent research evidence that underpin the key features that we saw in several definitions, family-centered approach in a natural context based on everyday routines.</p>	<p>2 min</p>	<p>PPT 3 slide 13</p>



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

Specific services provided in the ECI context. Lecture	The ECI context can include A variety of services from screening and referral, to transition to other services and settings.	2 min	PPT 3 slides14-15
Key features of ECI Services. Lecture	<p>The European Agency for Development in Special Needs Education sets some more organizational but also functional key features of ECI Services:</p> <ul style="list-style-type: none"> • Availability: A shared aim of ECI and a general priority in all countries is to reach all children and families in need of support as early as possible. • Proximity: Support services should reach all members of the target population and be made available as close as possible to families, both at local and community levels. • Affordability: Services should be offered free of charge or at minimal cost to families through public funds from health, social or education authorities, or through non-government organisations including non-profit associations. • Interdisciplinary working: Professionals in charge of direct support to young children and their families belong to different disciplines (professions) and consequently have diverse backgrounds according to the service they relate to. Interdisciplinary work facilitates the exchange of information among team members. • Diversity of services: This element is closely connected to the diversity of disciplines involved in ECI. The involvement of three services – health, social services and education – is a common characteristic in various countries, but also constitutes one of the main differences. 	4 min	PPT 3 slide 16
Break		15 min	
Note to the trainer: Open the PPT 4 Guiding principles & practices: towards a Paradigm Shift – 2 hours			
1.1.4 ECI guiding principles and practices toward a Paradigm Shift. Why is it important to intervene early? Why family and natural environments are important?			
Guiding principles & practices: Towards a Paradigm Shift. Lecture.	<p>The purpose of this lecture is to address the following questions that constitute the basis of ECI services:</p> <ul style="list-style-type: none"> - Why is it important to intervene early? - Why family and Natural environments are important? <p>These two questions will be further analysed and presented in other sections and enriched with tools and detailed presentation.</p>	3 min	PPT 4 Slide 1



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

	<p>In the current section we will explain the paradigm shift that is required for ECI services to be effective and compliant with scientific research as well as to give professionals an understanding of the importance of their role in aligning with the new perspective/the new paradigm.</p>		
<p>Evidence Based ECI services- Neuroplasticity and Neurodevelopment as the basis for ECI. Lecture</p>	<p>Progress in scientific knowledge on early development, its neurobiological basis, the role of early experiences and child interaction with the environment, has been an important factor in the upsurge of ECI.</p> <p>Two significant factors – together with genes - TIME and ENVIRONMENT determine the development of the child. There is strong evidence now that what happens during the early years can have determining lifelong effects (Shonkoff, 2009). From a neurobiological point of view, this corresponds to a period when children are particularly malleable and “receptive” for changes that can happen in occur on their overall development.</p> <p>Neuroplasticity: The rational basis for ECI in children with disorders in their neurodevelopment is closely connected to the concept of neural plasticity (neuroplasticity) (Johnston, Nishimura, Harum, Pekar, & Blue, 2001). Neuroplasticity has to do with the ability of the nervous system to change itself through experience, at cellular, metabolic, or anatomic level. This ability varies over time, and it’s known that it is greater the younger the child is (Nelson, 2000). As it becomes more specialized in undertaking increasingly complex functions, the brain loses some capacity in getting reorganized and in adapting. The decrease in brain plasticity over time means that it’s easier and more effective to influence the development of the brain architecture of a baby than later in adult life (Center on the Developing Child at Harvard University, 2015).</p> <p>Neuroplasticity is at the basis and the Starting Point of ECI rationale: Research in neurosciences has highlighted how the interaction between genes and early experiences creates the basis for subsequent neurodevelopment and behaviour.</p> <p>The basic architecture of the brain is constructed through a process that begins early in life and continues in adulthood. Genes provide the basic blueprint, but experiences influence how or whether genes are expressed. Together, they shape the quality of brain architecture and establish either a robust or a fragile foundation for all the learning, health, and behaviour that follow.</p>	<p>4 min</p>	<p>PPT 4 Slides 2-6</p>



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

<p>Development and Environment . Lecture</p>	<p>The development of the brain architecture is established very early in life through a continuum of dynamic interactions in which the environment and personal experiences impact how genetic predispositions are expressed (Post & Weiss, 1997; Fox, Levitt, & Nelson, 2010).</p> <p>The process of bonding between the child and the family is facilitated through tender, stimulating and consistent interaction. This bonding process, called secure attachment with close adults, usually the parents, leads to the development of empathy, trust, and well-being.</p> <p>We presently know that a baby’s first experiences have a major influence during his or her future emotional, intellectual and physical development. Children develop in a relational environment that is usually started within the family (Moore, 2012).</p>	<p>2 min</p>	<p>PPT 4 Slide 7</p>
<p>The importance of the Environment . The still face experiment Video + discussion</p>	<p>Humans are born ready for connection. The way we are parented has long term and ongoing effects on our functioning. The effects of our early life can trigger a cascade of changes genetically, cognitively, socially, and physically which can have either positive or negative lifelong consequences. The ‘still face’ experiment is a powerful study which shows our need for connection from very early in life. This experiment was developed by Dr Ed Tronick in the 1970’s. The still face experiment gives an insight into how a parent’s reactions can affect the emotional development of a baby. This experiment gives us insight into what it is like when connection does not occur.</p> <p>The baby’s reaction: This experiment involves a baby and parent (in this case the mother) sitting facing each other. The mother starts by playing with her baby, smiling at them, and talking to them. The mother then turns away. The next step is that the mother shows a still face or a lack of responsiveness to her baby for 2 mins. After the still face portion of the experiment there is a repair when the mother returns to normal and returns to playing with and talking to her baby. The interesting part of this experiment is not the actions of the mother but rather the reaction of her baby. You start by seeing a smiling happy baby who is engaging with her mother and responding to her mother’s interactions with her.</p> <p>Once the still face portion of the experiment begins the baby at first looks confused. She attempts to use all her abilities to initiate a response from her mother. Babies are limited in the types of sounds and movements they can do, and you see the baby in this video using a range of ways to try to get her mother’s attention. She begins crying and</p>	<p>10 min</p>	<p>PPT 4 Slide 8</p>



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

	<p>then screeching. Babies in this experiment often lose postural control. Their central nervous system becomes so overwhelmed that they physically collapse. This baby also bites her own hand which may be an attempt at self-comfort. This baby dissolves emotionally and it can be uncomfortable to watch her distress. Towards the end of the experiment the baby becomes withdrawn and hopeless no longer attempting to get her mother’s attention.</p> <p>After the still face portion of the experiment when the mother returns to interacting with the baby. You can see the joyfulness of the reunion and the relief is clear. The baby is quickly able to regulate its emotions once the mother is present again and play resumes easily. The still face is an example of the common everyday occurrences which all parents experience where they need to finish cooking dinner or attend to another child. Having a non-responsive parent is not a problem if it occurs in short doses, however if it occurs over longer periods, it can have a detrimental impact on the baby’s development.</p> <p>So, what does the ‘still face’ experiment show?</p> <p>The ‘still face’ demonstrates how vulnerable we all are to the emotional or non-emotional reactions of the people they are close to. It demonstrates how babies who are just learning about their relational world try to achieve connection. Babies were once thought to be unable to understand emotions. However, in this experiment they have a clear reaction to a lack of emotional connection from their mothers and fathers. Even very young babies have demonstrated that they can respond to emotions of the adults who care for them. Not only are babies able to passively respond to adult interactions but they are also actively engaging and shaping social interaction with the adults in their lives.</p>		
<p>The importance of the Environment in the child’s development . Lecture</p>	<p>In contrast, an impoverished, negligent, or abusive environment can generate difficulties in the development of empathy, in learning how to regulate emotions or in the development of social skills, which can lead to an increased risk of mental health problems, relationship difficulties, antisocial behaviour and aggressiveness.</p> <p>Studies illustrate the impact of negligence on the developing brain. The computerised axial tomography (CAT Scan) on the left represents the brain of a healthy three year old child, with a cranial perimeter at the 50th percentile. The image on the right is the brain of a child of the same age, subject to global negligence during early childhood. The brain is significantly smaller than the average with an abnormal development of the cerebral</p>	<p>10 min</p>	<p>PPT 4 Slides 9-12</p>



European Association of Service providers
for Persons with Disabilities

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

	<p>cortex (cortical atrophy) and other anomalies, suggesting an abnormal development of the brain (Perry, 2002).</p> <p>Other studies elucidate the impact of the environment on human development and behaviour, namely those conducted on Eastern European children living in orphanages in extreme environmental deprivation, with reduced social interaction. These children showed severe delays in their social and cognitive development (Kaler & Freeman, 1994). 12% of these children, when adopted after six months old, presented autistic traits by the time they were four years old. Recovery was greater in children adopted before they were six months old (Beckett et al., 2006; Windsor, Glaze, & Koga, 2007).</p> <p>The ecological model has widened the understanding of development and its influencing factors, apart from the interactive process between the child and caregivers, to the broad system of interrelationships between the various contexts where the child and family are located, operationalising these contexts in a hierarchic and interrelated system. He later perfected this model calling the attention to the importance of biological, psychological, and behavioural characteristics of the person developing within the ecological system, relocating the individual's interactions with the elements in the immediate environment at the centre of the process and stressing the role individuals play in changing the contexts where they participate.</p> <p>The strongly interactive component of child development/learning and the importance of early experiences later will become the basis of the whole developmental process. It is therefore essential to consider the positive or negative impact that a favourable or unfavourable context can have on that development. An rise in biological or environmental risk factors will increase the probability of development problems occurring but, on the other hand, the existence of protection factors will reduce that probability. Both can occur in a transitional or enduring way, with different effects on the child's development.</p>		
<p>How children and children with disabilities learn. The role of ECI services.</p>	<p>In thinking about children with disabilities, we should always start from what we know about children in general. Thus, in considering how children with disabilities develop and learn, we should start by reviewing what we know about how children in general develop and learn, then explore in what ways the development and learning of children with developmental disabilities differ from these</p>	<p>20 min</p>	<p>PPT 4 Slides 13-21</p>



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

<p>Lecture</p>	<p>patterns. Also, in considering the needs of children with developmental disabilities, we should begin by reminding ourselves of the needs of children in general and ask in what ways (if any) these differ for children with developmental disabilities.</p> <p>How children in general develop and learn: What, then, do we know about how children in general develop and learn, and the conditions they need to do so? Of the vast amount of knowledge that we have accumulated, we will focus on two key themes only – the importance of early learning environments and role of relationships.</p> <p>A. Early learning environments: Learning starts from birth (Shonkoff & Phillips, 2000), and skills develop cumulatively, so that those acquired early form the basis for later skill development (Cunha et al., 2006). Thus, the skills children develop in the early years contribute to a chain of effects that either reinforces and amplifies their initial skills and dispositions, or exacerbate initial difficulties and even produces new ones (Rigney, 2010; Stipek, 2001, 2005; The Marmot Review, 2010).</p> <p>Children need multiple opportunities to practice functional skills in <u>everyday environments</u>. While this is not a problem if these environments are <u>positive</u> and <u>stimulating</u>, prolonged exposure to adverse environments can have adverse long-term effects upon children’s development and learning (Anda et al., 2006).</p> <p>To promote children’s learning and development, therefore, we need to ensure that their environments and experiences are optimally nurturing. As Biglan (2012) notes, ‘if we want to prevent multiple problems and increase the prevalence of young people who develop successfully, we must increase the prevalence of nurturing environments.’</p> <p>B. Role of relationships: Relationships change brains neurologically and neurochemically, and these changes may be for the better or for the worse (Cozolino, 2006).</p> <p>The brain can change its structure and function in significant ways – it possesses a degree of neuroplasticity that is much greater than previously recognized (Doidge, 2007; Begley, 2009; Davidson & Begley, 2012). These changes come about in two ways - through experiences (external input) and through our own thoughts and intentions (internal input), (Davidson & Begley, 2012; Siegel, 2012). Sensitive and responsive caregiving and positive attachments with caregivers are essential for the healthy neurophysiological, physical, and psychological development of a child (National Scientific Council on the</p>		
----------------	--	--	--



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

	<p>Developing Child, 2004a, 2004b, 2008; Richter, 2004). Positive attachments are grounded in attunement and responsiveness.</p> <p>How children with disabilities develop and learn: Do all these findings apply to children with disabilities? Do they learn in the same ways as other children? Are relationships just as important for them? The short answer to all those questions is yes (King et al., 2002; Moore, 2009; Warren & Brady, 2007). In a recent analysis of the importance for development of relationships and attachments, Moore (2009) explored the evidence that these are just as important for children with disabilities as they are for all other children. He summarised the evidence thus:</p> <p>the nature and quality of their key relationships are critical for children’s development, and the key features of these relationships – particularly attunement / engagement and responsiveness – are especially important for early childhood development and the establishment of secure attachment.</p> <p>These same general features of development and learning apply to children with disabilities and to those without. However, while children with disabilities have the same developmental needs as other children, they may have difficulties having these realised because of the nature of their disabilities.</p> <p>For many children with disabilities, the neurological structures on which relationships are based are intact and they are therefore subject to the same positive and negative possibilities as other children. If warm and responsive caregiving is provided, then positive attachments will develop, forming a secure basis for future learning and development. If the child does not receive such caregiving, then their learning and development may be compromised.</p> <p><u>Children with disabilities often initiate interactions less frequently and give cues that are more subtle and difficult to read.</u> Some parents and caregivers tend to compensate by becoming more directive in their interactions. Others develop compensatory or therapeutic parenting techniques that evoke a positive emotional climate in the relationship, until their children become positively emotionally responsive to them.</p> <p>The role of ECI: An important goal of intervention is to help caregivers to become good observers of children so that they can recognise their cues and respond contingently, and thereby build secure attachments. (Moore, 2009)</p> <p>The implication of this evidence is that supporting parents and caregivers in developing positive and responsive</p>		
--	---	--	--



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

	<p>relationships with children with developmental disabilities from as early an age as possible should be a major focus of early childhood intervention services.</p> <p>There is good evidence that parents, even those with challenging or unresponsive children, can be taught to be highly responsive in ways that enhance their child’s development (Warren & Brady, 2007). All those involved in working with young children with disabilities – parents, caregivers, early childhood interventionists – <u>should seek to establish relationships with these children that reflect the key qualities of effective relationships</u>. It is the combined effect of such relationships that will ensure the effectiveness of interventions (Moore, 2009).</p> <p>The next question to be addressed is what outcomes we want for the children, and whether the outcomes we want for children with developmental disabilities are the same as those we want for all children.</p> <p>Developing capabilities: One common way of thinking about outcomes for children is that we want all children to ‘reach their potential’. There are a number of problems with this formulation. Who can say what any child’s potential is (so that we will know when they have reached it)? Potential for what? Are all potentials (potential accomplishments or learnings) equally valuable? Who determines which potentials we should be encouraging – the child, the family, the wider society, or all of them?</p> <p>A more helpful way of thinking about the outcomes that we want for children is that we want them to have the functional capabilities to participate meaningfully in all aspects of their lives.</p> <p>Meaningful participation: The reason why children need to develop functional capabilities is to participate meaningfully in all aspects of their lives. Why meaningful participation? Participation is more than being present in different environments – the person must be actively engaged. For participation to be meaningful, the person’s role and contribution must be valued by all those involved in the activity, including the person themselves.</p> <p>Quality of life: The reason we want children to be meaningful participants in everyday environments is because meaningful participation is the engine of development and the key to attaining a true sense of belonging and a satisfactory quality of life. When we succeed in helping children gain the skills that enable them to participate meaningfully in the key environments in their lives, we improve the quality of their lives. Meaningful participation and satisfactory quality of life are what we want for all children, not just those with disabilities or developmental delay. However, to improve</p>		
--	--	--	--



	<p>the quality of life <u>for children with disabilities</u>, we need more than tolerance or acceptance: ‘The vision is one of true participation and integration, where environmental supports, positive community attitudes, and strengths of individuals converge to support people in pursuing their own goals and reaching their potential’ (King et al., 2002).</p> <p>RATIONALE AND AIMS OF EARLY INTERVENTION SERVICES</p> <p>As already noted, all children (including those with disabilities or developmental delays) develop through their relationships with the key people in their lives and through the experiences and learning opportunities provided by the environments in which they spend their time. Initially, children’s main learning environment is the family, with early childhood education and care (ECEC) services and community settings playing an increasingly important role as the children grow older. ECI service providers can play an important role in supporting children with disabilities or developmental delays and their families, they have a limited role to play in the everyday lives of these children. ECI service providers have limited direct time with children with disabilities or developmental delays and their parents and are not one of the main providers of early learning environments. The bulk of the child’s learning occurs between home visits or other sessions with professionals, not during them.</p> <p>In working with early childhood services, the task of ECI services is the same as in working in home environments: to work with and through the staff to ensure to provide children they support with opportunities and experiences that will enable them to develop the functional skills to participate meaningfully in the same social and learning activities as every children.</p> <p>Thus, the aim of ECI Services is not so much to be the major agent of change through direct work with children, but to work with and through the children’s caregivers to ensure that the children’s everyday environments provide them with the opportunities and experiences that will enable them to develop the functional skills to participate meaningfully.</p> <p>Seen in this light, the overall aim of ECI is to ensure that the parents or other key caregivers can provide young children with disabilities or developmental delays with experiences and opportunities that promote the children’s acquisition and use of competencies which enable the children to participate meaningfully in the key environments in their lives. The term ‘environment’ as used here refers to the relationships, experiences and</p>		
--	---	--	--



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

	learning opportunities provided in social and physical settings.		
Family-Centered Approach. Lecture	<p>According to Dunst' "third generation" ECI model, ECI aims to influence the learning and development of children under a broad hat, which includes the principles of family-centred practice and whose purpose is to ensure that the experiences and opportunities of natural contexts (such as the family context, the nursery, kindergarten, or others) result in the promotion and reinforcement of the competencies of children, caregivers and families.</p> <p>Main components of the third-generation integrated model on ECI and family support:</p> <ul style="list-style-type: none"> • Child learning opportunities: One of the focuses of ECI work will be the maximization of children's learning opportunities to promote their development. Learning opportunities occur in all the interesting and significant activities in which the child is involved, enhancing the development of competencies, and resulting in a feeling of mastery/control of the child over his/her own capabilities and over others and the environment. These opportunities emerge both in family life (routines, family events, playful activities such as gardening, etc.) and in the life of the community (family outings, community events, church going/religious groups, shows, etc.), or in formal learning settings, such as nurseries and kindergartens. • Parenting support: Another goal of ECI is the reinforcement of parental skills, promoting opportunities that will enable the acquisition of new knowledge and competencies and to strengthen their confidence and feeling of self-efficacy. Activities to support parents include information, counselling and guidance, emotional support, and the instrumental support from professionals, as well as the parent-to-parent support. These different and complementary ways of support are used both to reinforce the existing parental knowledge and competencies, which are necessary to carry out their caregiving responsibilities, and to promote child's learning opportunities; • Family and community resources: a third focus of intervention will be to ensure that parents have the support and resources necessary to provide the time, the physical and psychological energy they need to be involved in parental and child caring tasks. The family and community support comprise all sorts of intra-family and community resources, informal (e.g.: friends) or formal (e.g.: 	15 min	PPT 4 Slides 22-29



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

	<p>services), that the parents (all parents) need to get involved in the parental and educational activities of their children. These include experiences such as: the Story Time at the local library, swimming lessons in a sports association, musical or drama groups at a recreational society, babysitting services, nursery or kindergarten, etc.</p> <p>What is the family-centred approach? The family-centred approach is as a set of practices which acknowledge the centrality of the family and promote its strengths and capabilities (Trivette & Dunst, 2005). In this approach, families are supported in their role as caregivers, starting from their strong points, unique and differentiated as individuals and families. The <u>family pivotal role</u> is acknowledged and respected, and the <u>family is considered as the main unit</u> of intervention and the <u>key element in the decision-making process</u> and in the care provided to the child.</p> <p>In this way, the use of family-centred practice has more to do with how you do it than with what is actually done. Family-centred practices are not a replacement for other types of intervention but instead refer to how interventions are provided or used.</p> <p>As Dunst refers (2010), ECI provided by a professional without the involvement of parents, in an artificial setting, one hour, twice a week, for 50 weeks, only accounts for 3% to 4% of the time that a two-year-old child is awake. In fact, interventions implemented by professionals without the main caregivers, represent such a small percentage of learning experiences that the probability of making a significant difference in the child’s evolution is minimal. If the father or mother interact with the child only for one hour a day, throughout the year, the father or mother will have interacted with their child, at least, 10 times more than the therapists and Special Education teachers altogether.</p> <p>A family-centred approach: Why? The power of the family in child development: families are the main organizing structure concerning the development of a child (Bronfenbrenner, 1979) and it is mostly through the interaction with his/her family caregiver that the child develops his/her basic ideas about the world, about himself/herself and about others. Mahoney and MacDonald (2007) introduce three reasons to justify the crucial importance that parents (biological or adoptive) have in the development of children because:</p> <ol style="list-style-type: none"> 1. they establish a relationship of affection and attachment with the child that can’t be replaced by anyone else; 		
--	---	--	--



	<p>2. child learning and development is an ongoing process that can take place in any daily situation in which the child is actively involved;</p> <p>3. even if having limited time to be with the child, due to work responsibilities or other reasons, parents have much more opportunities to interact and promote the development of children than any other adult or professional will ever have.</p> <p>The same happens with the parents of children with special education needs (SEN) or at risk, as they play a significant role in the social and emotional development and functioning of their children. And even though the developmental outcomes of children with SEN are influenced by the nature or the severity of their deficits or developmental disorder, research on the impact of parent-child interaction concludes that parents are the main agent of change to these children and continue to be so even when children are supported by ECI (Guralnick, 2011; Mahoney & Nam, 2011; Sameroff, 2010).</p> <p><u>The family is responsible for the child throughout his/ her life</u></p> <p>The importance of intervening with the family: if besides the quantity of interactions, we also consider their quality – insofar as the child establishes the most significant relationships with his or her parents, by comparison to those established with professionals – it’s easy to conclude which is the most powerful source of influence in the development and well-being of children.</p> <p>A family-centred approach, HOW:</p> <ul style="list-style-type: none"> • Competency development paradigm: Promoting the feeling of competence and empowerment of families. Bearing in mind the prime importance of the family in child development and learning, it will be easy to acknowledge that the main goal of the work with families in ECI is to support and strengthen the parents’ capacity to provide learning experiences and opportunities that are relevant to the development of their children. The role of ECI practitioners in parent-mediated child learning is to support and strengthen the parents’ capacity to provide their children experiences and opportunities of known qualities and characteristics. <p>According to Mahoney and MacDonald (2007), even when children attend the nursery, kindergarten or therapies and other specialised support, which on its own provide important learning and development experiences which they would typically not have with their parents, all the professionals should develop their intervention so that it can be continued during the interactions and activities on the child’s daily</p>		
--	---	--	--



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

	<p>routines. This can only happen through collaboration with parents. Thus, even in situations where direct work with the child is justified, the professional should plan enough time to work with the parents, supporting them in their task to promote the development and the social and emotional well-being of their son or daughter. The authors advocate that no intervention may effectively promote the learning and development of young children unless it involves the parents.</p> <ul style="list-style-type: none"> • Strengths-based intervention: the new paradigm considers that children and families have strengths and capacities (or the possibility to develop them when not present) and that the purpose of intervention is to support and promote capacity-building and other positive aspects in the functioning of family members (Dunst & Trivette, 2009a). To build on the existing strengths, instead of correcting fragile areas professional should have a proactive approach that places greater emphasis on the promotion of behaviours than in treating problems or in the prevention of negative outcomes. Instead of trying to change children and families, it's about trying to build on the strengths (or strong points) that they bring to ECI. • The promotion of self-efficacy and competency feeling of caregivers: In this way, for example, a professional that supports a mother with cognitive limitations should not assume that this mother has fewer competencies to promote her child's development. Instead, the professional should focus on the competencies that she displays and base the intervention on them, optimising the use, for example, of her persistence and motivation, her ability to organize daily tasks, her connections with the informal support network or the fact that she has a strong loving relationship with her child. People – families – are more open to try to accomplish their wishes, aspirations and needs if they're built on things that they already do well. This approach makes families more open to favourably respond to intervention and improves the interaction between families and professionals, which in turn results in better outcomes for the child and for the family members (Dunst, 2000). Starting from strengths of the family to design the intervention, professionals are basically reinforcing family's sense of competency. Helping parents to feel competent and capable so that they can positively influence the education and development of their children should be the basis of intervention with families. The feeling of parents' self-efficacy, that is the perception they have about their own capacity to exercise a 		
--	---	--	--



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

	<p>positive influence in their children’s behaviour and development has a direct impact in their parental competencies and in the satisfaction level concerning their parental experience (Coleman & Karraker, 1997). If they don’t believe that they can accomplish effective changes in their lives, parents have little or no incentive to carry them out. Through their action, ECI professionals have a significant influence on the caregivers’ (parents, early childhood educators, nannies and other) feeling of competency and confidence.</p> <ul style="list-style-type: none"> • Family autonomy, capacity-building and empowerment are the ultimate goals of ECI: promoting empowerment, in fact, can generate outcomes that enable the competencies of families instead of creating dependencies. The purpose of intervention is to make the family more competent and more capable of mobilising resources that can positively influence the functioning of children, as well as that of the parents and family, instead of making them depend on professionals or from help-giving systems. <p>Summarising the above: capacity-building is about creating opportunities for individuals/families to acquire competencies that reinforce family functioning. Family empowerment is the most relevant goal of an effective intervention and consists in improving capacity to fulfil needs and aspirations, to promote a clear sense of intra-family control and mastery about important aspects of the family functioning.</p>		
<p>A practical example of the role of ECI professional How to support effectively Video + Discussion</p>	<p>ECI professionals should:</p> <ol style="list-style-type: none"> 1. Promote positive interaction with the family: <ul style="list-style-type: none"> ✓ Shows our belief that people are already competent or have the capacity to become competent ✓ Develops a trusting relationship with families ✓ Process of empowerment can begin right away in our work with families ✓ Initiates an attitude that will go far 2. Offer support in response to the needs that the family has identified as major Often a difficult one for us: <ul style="list-style-type: none"> ✓ Families of infants and toddlers may be at a different place than service providers 3. Research shows that family priorities for themselves and professional priorities for families rarely are a match. Offer help that: <ul style="list-style-type: none"> ✓ Stays in line with the family’s appraisal of the situation ✓ Benefits exceed the efforts/cost to solve the problem/need 	<p>10 min</p>	<p>PPT 4 Slides 30</p>



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

	<ul style="list-style-type: none"> ✓ Is culturally sensitive ✓ Builds on inherent strengths <p>4. Offer suggestions that provide the family with immediate success in mobilising resources:</p> <ul style="list-style-type: none"> ✓ Assists in fostering positive partnerships ✓ Begin with an immediate need ✓ Demonstrate immediate success ✓ Take small steps ✓ Build on positive experiences (“scaffolding”) <p>5. Promote the use of the family’s natural support networks as principal ways of meeting needs:</p> <ul style="list-style-type: none"> ✓ Informal support rather than formal support seems to show the strongest relationship to positive outcomes ✓ The family’s natural network provides support for everyday living, parenting responsibilities, and child learning and development: emotional support, informational support, instrumental support and spiritual support ✓ Uses what the family is comfortable with ✓ May need to train staff in family assessment and/or family systems theory <p>6. Promote a sense of cooperation and joint responsibility for meeting family needs</p> <ul style="list-style-type: none"> ✓ Parents are seen as equal partners and recognized as knowing their child best ✓ Helps assure that service providers are viewed as partners, rather than someone sent to “do” and “fix” everything ✓ Emphasis of team concept provides a model for family members to utilize throughout educational and life planning <p>7. Permit the family to decide to accept or reject help</p> <ul style="list-style-type: none"> ✓ Instils family-driven concept ✓ Gives family feeling that they do have some control in their life ✓ Ultimately families do know what is best for their child/family <p>8. Permit help to be reciprocated and offer opportunities to do so</p> <ul style="list-style-type: none"> ✓ Allows families to show their gratitude ✓ Provides chance to do something positive for others ✓ Reinforces capabilities as parents of a child with special needs ✓ An important strategy to “balance the power” <p>9. Promote independence and the acquisition of skills and behaviours necessary to meet family needs</p>		
--	--	--	--



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

	<ul style="list-style-type: none"> ✓ Create opportunities (naturally occurring or planned) that allow for competence to be displayed or learned ✓ A slow, but necessary process ✓ Will only lead to strong, more capable families <p>10. Promote the family members' ability to see themselves as an active agent responsible for behaviour change</p> <ul style="list-style-type: none"> ✓ Reinforces partnership/team concept ✓ Locus of control shifts from service provider to family member ✓ Reinforces family attitudes of adequacy and confidence in their own abilities to effect positive change for their child <p>Goal: The family members attribute change in behaviour to their own actions, in order to acquire the sense of control necessary to manage family affairs.</p>		
<p>The paradigm Shift. Lecture</p>	<p>The key-questions that characterise the family-centred approach and the respective PARADIGM SHIFT in providing ECI are presented and explained below:</p> <ul style="list-style-type: none"> • The whole family is the intervention unit: the family-centred approach intends to respond not only to the needs of the child but also of the whole family, for example through supporting the parents to look for a job, financial support, babysitting services, psychological support, etc; • Professionals and families work in partnership and collaboration, contrary to a model of expert vs. families: as the goal of family-centred practice is the valorisation of family strengths and the promotion of their sense of control on the decision and intervention process, the role of professionals is to provide families with the necessary information for them to make informed decisions and, more importantly, to respect those decisions at all times during the intervention (Shelton & Stepanek, 1994). • The intervention practice responds to the priorities and goals of families: the identification of family priorities and goals will become the first step in a family-centred intervention. A truly responsive practice to what parents consider to be important for themselves and for the whole family will have more influence and more positive consequences, because the family is naturally more open to adopt them; • Professionals serving as an agents for the family: the goal of family-centred practice is to help families to respond to their own needs. • Intervention practices are individualized for each family: as it derives from the priorities established by the family, the intervention plan should 	<p>20 min</p>	<p>PPT 4 Slides 31-44</p>



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

	<p>necessarily reflect the specificity of each family. Each family is unique and it's the family who has the final word on the best option among the available service options (McWilliam, 2003).”.</p> <p>THE ROLE OF ECI PROFESSIONAL- Effective Help Giving Practices.</p> <p>Three effective help-giving practices components:</p> <ol style="list-style-type: none"> 1. Technical quality: it refers to the professionals' set of theoretical and practical knowledge about the area where he or she works. Technical quality is seen as a result of training and professional experience and includes the professionals' knowledge, specialization and competency, as well as the expression of this specialization as part of the exercise of his or her activity. <p>Examples of technical quality in ECI:</p> <ul style="list-style-type: none"> • To have knowledge about child normative development; • To identify and recognise developmental pathologies; • To know and master the use of a specific assessment tool; • To know evidence-based and recommended practices. 2. Relational practices — involve the professionals' characteristics and interpersonal representations that influence the relational aspects of support. It includes interpersonal behaviours that are usually associated to good clinical practice, as well as convictions and positive beliefs about the competencies and capacities of families (Carvalho, 2004). Aspects such as compassion, active and reflective listening, empathy, authenticity, the ability to understand, affection and credibility as well as sharing information are all behaviours, typically associated to good communication skills and which characterize relational practices. Relational practices are the basis for the professional acknowledgement and validation of the existing strengths and thus being able to use the capacities of individuals and families to improve their functioning (Dunst, Boyd, Trivette, & Hamby, 2002). Summarizing, these practices constitute the basis for building relationships. <p>Examples of relational practices in ECI:</p> <ul style="list-style-type: none"> • Treat the family with dignity and respect at all times; • Honour and respect a family's personal and cultural beliefs and values; • Sharing information with families in a complete and unbiased manner; 		
--	--	--	--



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

	<ul style="list-style-type: none"> • Recognized and honour individual family members strengths. <p>3. Participatory practices — Refer to the professional behaviour aiming the engagement of family members in the decision making and informed choice process and in using the existing strengths or developing competencies to obtain the resources, support and services identified by the family (Dunst, 2013). This type of practice emphasizes the responsibility of those looking for help to find a solution for their problems and to acquire knowledge and competencies to improve their life circumstances. They promote the active and significant engagement of the family in their relationship with professionals and have been described as comprising the type of practices that more likely result in the positive assessment of families’ capabilities. In short, these are practices that support family's choice and participation.</p> <p>Examples of participatory practices in ECI</p> <ul style="list-style-type: none"> • Work in partnership with the family to identify family needs and to collaborate in obtaining needed resources; • Engage a family in making informed decisions about which on resources and supports are best suited for meeting family-identified needs; • Provide family members participatory opportunities to obtain needed resources and supports; • Support and respect a family’s decisions even when they differ from a practitioner’s. <p>The technical quality and the relational components were already acknowledged as important to the effective process of help-giving services. The innovation proposed by the latest research, is the identification of participatory practices as the essential component to the effectiveness of family-centred practice, revealing this quality as being the differentiating element from other types of family approaches.</p> <p>IN SHORT: A family-centred approach: How is it implemented? Through a transdisciplinary team functioning; starting from the professional solid basis of technical quality; implementing practices that build and authentic relationship with the family (relational practices); implementing practices that promote choices, decision making power and family engagement (participatory practices).</p> <p>WHAT DISTINGUISHES THE FAMILY- CENTRED APPROACH FROM OTHER TYPE OF FAMILY SUPPORTING</p>		
--	--	--	--



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

	<p>APPROACHES (family focused, family-allied, professional-centered) in terms of</p> <ul style="list-style-type: none"> • Assumptions about the family • Assumptions about professionals and • intervention <p>I. Family-centred</p> <ul style="list-style-type: none"> • Families are viewed as fully capable of making informed decisions and acting on their choices. • The professional is seen as the agent and tool of families. • Provide the necessary information for the family to make informed decisions and create opportunities to strengthen competencies. The intervention focuses on the promotion of competencies and mobilisation of resources and support to the family, in an individualized, flexible and responsive way. <p>II. Family-focused</p> <ul style="list-style-type: none"> • Families can make choices, but options are limited to the resources, support and services that the professional deems to be best suited to the family needs. • the family is seen as a services consumer. • The professional supports and advises the family on how the interventions should be conducted, monitoring how the family uses them. <p>III. Family-allied</p> <ul style="list-style-type: none"> • Families are seen as minimally capable of effecting changes in their lives but are seen as the agent of professionals. • the professional establishes the interactions deemed important and necessary for the family and the family is supposed to implement and develop the prescribed interventions. <p>IV. Professional-centred</p> <ul style="list-style-type: none"> • Families are seen as deficit or pathological. They are passive participants in the process, and there is little or no consideration for their opinions and views. • The professional is viewed as the expert who determines family needs and implements the interventions. “Paternalist” model, similar to the medical model. <p>TEN GUIDING PRINCIPLES IN FAMILY-CENTERED PRACTICE:</p> <ol style="list-style-type: none"> 1. Families and their members are always treated with dignity and respect; 2. Professionals are sensitive and responsive to family cultural, ethnic and socio-economic diversity; 		
--	--	--	--



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

	<ol style="list-style-type: none"> 3. Family choice and decision-making occurs at all levels of family involvement in the intervention process; 4. Professionals share the information that the families need to make informed choices in a sensitive, complete, and undistorted way; 5. The focus of intervention practice is based on family-identified desires, priorities and needs; 6. Support, resources and services are provided in a sensitive, responsive and individualized manner; 7. A wide range of informal, community and formal supports and resources are used for achieving family identified outcomes; 8. Professionals build on strong points, the child’s skills and interests, as well as those of the parents and the family as the main paths to strengthen the family functions; 9. Professionals-family relationships are characterized by collaborative partnership based on mutual trust and respect and shared problem-solving process; 10. Professionals use help-giving practices which support and strengthen family functioning. <p>FAMILY – CENTERED PRACTICES: CHALLENGES FOR PROFESSIONALS IN WORKING WITH CHILDREN WITH DISABILITIES AND/OR DEVELOPMENTAL DELAYS</p> <p>A major focus of ECI work has always been supporting families of young children with developmental disabilities/delays. This continues to be central to ECI work, and includes the following key aspects: the prime goal in working with families is to ensure that they are able to provide young children who have disabilities or developmental delays with experiences and opportunities that promote the children’s acquisition and use of competencies that enable them to participate meaningfully in the key environments in their lives.</p> <p>The task for ECI professionals are:</p> <ul style="list-style-type: none"> • to identify what strategies and experiences will work for the particular child in the particular family circumstances, and to work with the family to build these into daily routines. • To help the families develop caring and responsive relationships with their children. This is a central task for all parents but can be particularly challenging for parents of children with disabilities or developmental delays. Such children have the same relational needs as other children and depend upon attuned and responsive caregiving for their development. The role of the ECI professionals is to support families to provide attuned, responsive, and intentional caregiving 		
--	---	--	--



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

	<p>whilst adapting to any challenges and to the impact of their child’s disability or developmental delay.</p> <ul style="list-style-type: none"> to address the stressors that are typically associated with parenting a child with disability or developmental delay: the need for information about their child's health and development; the interpersonal and family distress that can result from having a child with a disability or developmental delay; threats to the parents' confidence in their ability to meet their child's needs; and additional resource needs resulting from having a child with a disability or developmental delay. <p>The role of ECI professionals is to provide information, support and resources in a collaborative, timely and effective manner. The ability of ECI professionals to support families in these ways depends on:</p> <ul style="list-style-type: none"> their technical knowledge and skills in working with children with disability or developmental delay, their personal qualities and skills in building positive working relationships with parents. The manner in which ECI professionals engage families is as important as their knowledge of appropriate strategies for working with children. Key skills for working with families include relationship-based practice, family-centred practice, and empowerment and strength-building approaches. <p>In addition to supporting families to provide optimal learning environments for their children, ECI providers also have an important role to play in supporting the family as a whole and all its members.</p> <p>Since family functioning and development are shaped in part by immediate external environments, then we need to ensure that families’ external environments are as fully supportive and inclusive as they can be . ECI professionals’ job is to work with and through those who are major providers – social networks, community services, and other formal services.</p>		
<p>Traditional vs Routine Based Video + discussion</p>	<p>Effective Practices- ECI professionals working in Family Centred practices : Traditional vs Routine Based. Watch the following video: https://www.youtube.com/watch?v=OpxGC6G0HMY&t=5s This is the first in a three part series of short videos featuring three current early intervention service providers sharing their insights into providing supports and services using a routines-based approach. Part 1 features an experienced interventionist sharing her personal journey from a clinical approach to one focusing on family routines and activities as the context for effective early intervention.</p>	<p>8 min</p>	<p>PPT 4 Slide 38</p>



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

<p>Working as a TEAM Transdisciplinary TEAMS. Lecture</p>	<p>When reflecting on the organizational system of ECI, it's paramount to underline the transdisciplinary model and teamwork functioning as the basis of this integrated system, grounded on a collaboration process. We could say that the team is the foundation of the whole system of ECI, and it's where the whole work among professionals and between professionals and families, children and other caregivers is rooted. But having a group of people is not enough to make a team and the success of intervention depends on the functioning of the team. The transdisciplinary model is consensually recognized by the scientific community as the best practice in ECI, taking a family-centred approach into account.</p> <p>You can only build a team when there is a common philosophy with goals shared among the people who make the team (Maddux, 1988).</p> <p>Educational programs and services for young children who have or are at risk for developmental delays and disabilities, by their nature, always involve more than one adult. The quality of the relationships and interactions among these adults affects the success of these programs. Teaming and collaboration practices are those that promote and sustain collaborative adult partnerships, relationships, and ongoing interactions to ensure that programs and services achieve desired child and family outcomes and goals. It is a given that the family is an essential member of the team and that the team includes practitioners from multiple disciplines as needed.</p> <p>Collaboration is inherent and is the driver of all the work in a transdisciplinary team. In ECI integrated systems, a transdisciplinary team usually consists of professionals belonging to different services/bodies, with very different "cultures" and rules, which require an important effort and the will of professionals to collaborate among them, maintaining effective communication and interaction processes. It's a work that is built through joint and continuous efforts to learn between professionals, the commitment to share and mutually transfer knowledge to develop and use new competencies.</p> <p>There are three very different forms of teamwork and it's very important that a professional included in a team has a clear picture on what distinguishes them conceptually, how it is operated and how it is reflected in daily life practice:</p> <ul style="list-style-type: none"> - In the multidisciplinary model various professionals from different expertise areas act in parallel and separately with the same child or family, according to the identified deficits; - In the interdisciplinary model there's also simultaneous intervention of different professionals 	<p>10 min</p>	<p>PPT 4 Slides 45-57</p>
---	---	---------------	-----------------------------------



European Association of Service providers
for Persons with Disabilities

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

	<p>with separated plans and special focus on the child, but there is already some interaction and sharing of information among professionals;</p> <ul style="list-style-type: none"> - In the transdisciplinary model there is a comprehensive and integrated plan which is designed together by the team and the family, who becomes an integral part of the team. But, preferably, one professional (the CM) supports the family in the implementation of this plan in close collaboration and with the backstop support of the other professionals in the team. <p>CHALLENGES IN WORKING WITHIN A TRANSDISCIPLINARY CONTEXT</p> <ul style="list-style-type: none"> • Differing expectations about the purpose of the team • Differing expectations about the roles of team members • Fear of losing one’s professional identify • Ineffective communication strategies • Not knowing how to deal with conflict • Reluctance to share one’s knowledge and skills or lack of confidence in one’s knowledge and skills • Resistance to learning new information and skills. 		
<p>The Paradigm Shift: What does ECI should look like, Video</p>	<p>Watch the following video: https://www.youtube.com/watch?v=sL_WOCu3Ptg This is the second video in a three part series. Part 2 features three early interventionists discussing and demonstrating what intervention looks like when it is provided by collaborating with families during their natural routines and activities.</p>	<p>10 min</p>	<p>PPT 4 Slide 58</p>



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

Paradigm Shift: The Portugal Case. Wrap-up. Lecture		Before	Now	8 min	PPT 4 Slide 59
	Target-population	Children aged 0-3 years old with "disability"	Children aged 0-6 years old with developmental disorders and/or at risk and their families		
	Context	Stimulation Centres Therapeutic Centres Institutions	Natural contexts (home, nursery, kindergarten, etc.)		
	Practices	"Ready-to-wear"	"Tailor-made" Individualized		
	Role of professionals and families	Experts/decision makers = Passive recipients of services	Facilitators = Active participants/ decision-makers		
	Goals/ Outcomes	Child Development	Prevention Child Development Empowerment/family capacity-building		
	Teamwork	Multi/interdisciplinary	Transdisciplinary (inclusion of the family)		
	Organizational Structure	Sectoral (with occasional links among sectors) Fragmented Services	Intersectoral Community-based Integrated services		
ECI Philosophy	Child centred Based on "deficits"	Family-centred Based on "strengths"			
Q&A				15 min	
Break				15 min	
1.2 The neurodevelopmental base of ECI					
1.2.1 Contemporary research evidence on the neurodevelopmental base of ECI					
Note to the trainer: Open the PPT 5: The Neurodevelopmental Basis of ECI – 90 minutes					
The Neurodevelopmental Basis of ECI. Lecture	Stages in the development of the child Life is characterized from <u>3 major moments</u> : Conception - Birth – Death And is divided in <u>2 periods</u> : Prenatal and Postnatal Period			2 min	PPT 5 slides 1-4
Stages in the development of the child – From Conception to Birth. Lecture	Only two cells are needed to create a baby. Fetal Development (1st Trimester) <ul style="list-style-type: none"> Only 24 hours alive, every bit of genetic information is already present in a single cell: from our hair colour to our talent as a future pianist. Then we divide ourselves again and again... After around a week, we travel from the ovaries to the uterus, where we then 			5 min	PPT 5 slides 5-14



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

	<p>undergo the great divide, splitting into two. Half of which will become us, while the other half forms the placenta. By week four, we have developed into a small being that is growing at a rate of 1 million cells per second. Our spinal cord, heart and brain are now clearly visible even if we are just the size of a poppy seed.</p> <ul style="list-style-type: none"> • At about week 4 to 5, our heart starts to beat. This is a crucial point in our neurological development, as our brain grows at a rate of around 100,000 cells each minute. If our mother consumes alcohol and drugs, or experiences extreme stress or trauma, our tiny brain can get damaged. This can lead to math problems at school or even schizophrenia some 40 years later. If our mom stays healthy and can relax, our brain can develop to its full potential. We are now the size of a raspberry. • At the beginning of month 3, we start to react to stimuli. Our sense of smell is developing. Our brain is continuing to grow very fast. Our ears start forming and we can soon hear our mom’s heartbeat and voice speak. Our mother’s womb becomes our sensory playground. We learn to move our arms, stretch our fingers, smile, or suck our thumb. 75% of us are now showing a preference to use the right hand. We are now around the size of a lemon. 		
<p>Stages in the development of the child – From Conception to Birth. Lecture</p>	<p>2nd Trimester</p> <ul style="list-style-type: none"> • Our head makes up about half our total size. We learn to kick, pee and how to swallow. Our taste is developing. If our mother eats a wide variety of things, we learn to appreciate different tastes and become less fussy eaters later in life. If we receive inadequate or poor nutrients, we adapt our physiology to sustain our development. This process is also called foetal programming. Some researchers have found that this can result in health problems such as obesity, heart conditions and diabetes later in life. We are now around the size of a big tomato. • On the 5th month mom’s voice is starting to become clear. We start the development of our teeth our first real hair, fingernails, eyebrows, and eyelashes. We are becoming more active each day and enjoying flexing our tiny muscles. As we wriggle, kick and turn, our mother will start to feel us moving. If she responds, we learn that for every action, there is a reaction We are now around the size of a dragon fruit. • During this 6th month, a major brain development occurs; our brain’s cerebral cortex splits into two hemispheres. But it’s also an exciting month for our eyes, which open for the first time. Even though we see only blurs, we start to respond to light. We are 	<p>5 min</p>	<p>PPT 5 slides 15-17</p>



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

	now starting to make simple facial expressions. We are now around the size of a small cauliflower.		
Stages in the development of the child – From Conception to Birth. Lecture	<p>3rd Trimester</p> <ul style="list-style-type: none"> • M7. We begin to develop regular intervals for sleeping and being awake. The hair on our head is now clearly visible and our milk teeth have formed under our gums. When we hear our mom speak, we may respond with an increased heartbeat and movement. If we were to be born now, we would <u>have a 90% chance of survival</u>. and arrive at the size of a pineapple. • M8. We are now behaving like a new-born. Our brain is functional and our nervous system ready. Our lungs are almost fully formed and we are practicing breathing by inhaling amniotic fluid. We now spend almost all of our time asleep, maybe dreaming about our near future. In preparation for birth, most of us will have now turned upside down. To get through that tiny hole at the end of the tunnel, our bones and skull are still extremely flexible. Only the immune system is still in its infancy. It will take many months after birth until our internal bodyguards can fully protect our health. We are now around the size of a melon. • In the last month, we keep practicing our motor skills and kicks. We would now hope that our mom can bring us to the world through natural birth, which protects us through a stronger immune system for life. The puzzle of what is nurture and what is nature is now well underway and already shows the first image of our character. The most important missing piece will be added in our early childhood. At the end of the 9 months, we are around the size of a jackfruit. <p>Prenatal period is extremely important for the future development of a child. Facts such as: Mutations in genetic material Chromosomal abnormalities Toxic - teratogenic agents Difficulties in pregnancy Stress that take place during this period are responsible for 80% of developmental disorders</p>	5 min	PPT 5 slides 18-21
Stages in the development of the child – LIFE after Birth. Lecture	<p>What is usually the course of a child's development?</p> <p>1st Year of life. Every child but especially babies need cuddling, sleep, and food especially in the first months of life. During this period of his life, the baby learns a lot from his parents. That's why parents need to spend a lot of time with him. The baby's brain develops by seeing, hearing, touching, smelling, and experiencing what is around. The evolution of all developmental areas is described below. It is very important for parents and professionals to have a detailed knowledge of the developmental stages of the baby during the first years of his life.</p>	5 min	PPT 5 slides 22-23



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

<p>Stages in the development of the child – LIFE after Birth. Lecture</p>	<ul style="list-style-type: none"> - M1: Raises his head briefly when in the previous position, but cannot hold it, not even in the upright position; Shakes arms and legs; he keeps his hands tightly closed most of the time; focuses his eyes on faces, but also objects with strong contrast of colours, which are at a distance of 20 - 30 cm, but does not watch when they move; he does not know who feeds him, who hugs him, who his mom is and who his dad is; feels happy when he eats but does not know what happiness means; hears voices and noise; mainly communicates using his crying, which differentiates him according to the need he wants to express (hunger, pain, demand for change, fear, desire for company); the baby has developed a strong bond with us, recognizing and reacting to our voice and our smile; he also smiles sometimes for no reason; looks at us when we talk to him and makes his own sounds; opens the mouth when sees mom's breast or the bottle. - M2: the baby focuses on our face and notices it when we talk to him/her; feels safe when someone is watching; follows objects that move at a distance of 75 cm from his face; smiles when we smile at him/her; holds his/her head upright for longer; hears our voice and other sounds and responds with his/her own sounds; Kicks with his feet hard; stretches and bends the fingers and toes, without purpose and control. - M3: in a prone position leans on his arms, lifts and holds his head upright, while in a supine position he begins to turn sideways; stretches the legs and kicks hard; laughs loudly and spontaneously, cries loudly, becomes more lively; begins to look more closely at small objects / toys and to watch their movement in any direction; holds his hands open most of the time and joins them together; tries to touch or grab objects, trying to coordinate eyes and hands; looks and discovers parts of his body; Has intestinal colic; discovers new ways to communicate in addition to crying, such as facial expressions and body language; you may begin to feel emotions such as interest or disgust, joy or discomfort for something 	<p>5 min</p>	<p>PPT 5 slides 24-25</p>
<p>Stages in the development of the child – LIFE after Birth. Lecture</p>	<ul style="list-style-type: none"> - M4: laughs out loud and shouts with joy; observes and visually explores his environment; enjoys bath time and chatting; focuses on other people, likes to hang out with them; in a supported sitting position controls the position of the head better; can turn from supine to snug position; monitors objects moving around him, discovers his own hands and feet and plays with them; stretches out his arms to reach and grasp an object, coordinating eyes and hands, holds an object, puts it in his mouth and throws it; develops emotions and ways of communication. Connects what we say to him/her with our facial expressions (that's why earlier he preferred to focus on our face, recognizes our voice, 	<p>5 min</p>	<p>PPT 5 slide 26</p>



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

	<p>reacts with joy to it and makes sounds as if he wants to respond to what we say to him/her</p> <ul style="list-style-type: none"> - M5: Holds head upright in a sitting position; in a snug position, leans on his outstretched arms and lifts his chest, raises and shakes his legs and arms; sits supported; puts his/her fingers in his mouth and shows interest in what we eat; can focus on small objects e.g. a button; grabs everything around him, holds it with a good grip, throws it down and turns his head to look for it; changes tones in voice when we talk to him/her; starts moving by dragging his butt; in a supine position he plays with his toes; everything he holds in his hands, he wants to put in his mouth; begins to chew; follows our movements carefully; turns head to anyone who speaks to him/her; becomes more emotional, develops a stronger bond with us and with those who care about it and recognizes who they are; understands emotions such as anger and irritability smiles and "talks" to him/herself when he looks in the mirror - M6: wants to move his body more; the muscles of his/her neck have become stronger, and he controls his head very well in the upright position; s/he stands upright when you hold it; uses eyes more to coordinate his movements; passes an object from one hand to the other; "Speaks" in his games with various chants (babbling); turns the head to sources of sound or noise; can chew; s/he recognizes mom, dad, and other relatives. He shows great interest in what is happening around; grabs objects, puts them in his/her mouth (learns things through touch and taste), shakes them and hits them hard (to learn how they work); can start solid foods; mumbles and makes monosyllabic or two-syllable sounds like "da-da" 		
<p>Stages in the development of the child – LIFE after Birth. Lecture</p>	<ul style="list-style-type: none"> - M7: sits without support and uses his hands for support; It starts to crawl; grasps using his fingers; realizes that it is a separate entity. When we hide an object, seeks to find it; can hold a spoon, but he does not know how to use it; begins to realize that needs are different (hunger, loneliness) and expresses them in different ways; recognizes his/her name; imagination begins to work, as well as memory; emotions continue to grow, while he also perceives from the facial expressions and the tone of our voice when we are happy and when we are sad; shows a strong bond with people in the environment and objects. - M8: crawls (Some babies will skip this and walk at later stage); in a prone position, he tries to lean on his knees; stretches out his hand to catch a more distant object; looks at objects, looks for them when they fall down; sits alone; gets very angry when he does not see the person taking care of him, or when he is left alone; anxious when he sees strangers; enjoys playing with us, copying what we do and imitating animal voices; 	<p>5 min</p>	<p>PPT 5 slide 27</p>



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

	<p>communicates in various ways, such as body language, chants in different tones</p> <ul style="list-style-type: none"> - M9: Stretches out his/her arms to catch a toy; looking to find something that fell on him/her; sits alone without falling; shy with people s/he does not know; becomes more sociable and loves to play with people s/he knows; "he speaks", claps his/her hands; crawls and tries to stand up; explores everything and finds hidden objects; her/his memory improves and his emotions mature; expresses fear and reads our facial expressions; begins to connect words with their meaning and understands your body language; says his own words (meaningless babbling), copies sounds, to catch our attention; understands the "no"; ties more with faces and objects; continues to be unfriendly to strangers; begins to show his personality; eats alone with his/her hands. 		
Stages in the development of the child – LIFE after Birth. Lecture	<ul style="list-style-type: none"> - M10: Holds and stands upright; sits without assistance; crawls; can stand up on his own; takes steps when grasped by furniture or holds our hand • Distinguishes familiar faces from strangers; "Tied" with a single person, the one who cares the most; gives generous hugs; recognizes a few words; the baby is constantly babbling and is very close to saying the first words meaningfully. Understands "no"; looks at familiar objects when we mention them; follow simple instructions; still enjoys playing peek-a-boo; looks for hidden objects and looks at pictures in books; holds the spoon and tries to eat on his/her own - M11: from the supine position he can get up and sit down; uses the index finger and thumb for grasping objects. Makes attempts to stand alone; processes an object before putting it in his mouth; imitates voices and sounds; interested in dialogues, songs and books; says his/her first word with meaning (mom or dad); feels more comfortable with strangers; looks to find hidden things and is interested in their construction and how they work. - M12: The baby walks from the 10th to the 16th month; claps; looking to find items we ask for; s/he comes when we call them; s/he gets angry when we say "no" to him/her; learns to climb; points with his/her finger wheres/ he wants to go; has tripled his weight and is about 25 cm taller; communicates in many ways (pointing, verbally); enjoys playing with us; gets better in the use of hands and fingers, uses them for food; does not react to clothing; follows instructions and connects words with their meaning. 	5 min	PPT 5 slide 28
Stages in the development of the child – LIFE after	<p>2nd Year of Life: The child at this age wants to play, to experiment, to explore. The game is very important to develop thinking, imagination, creativity. Over time, the imitation game begins). It also develops very strong</p>	5 min	PPT 5 slide 29-30



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

<p>Birth. Lecture</p>	<p>emotions, such as: anger, frustration, guilt, shame, possessiveness.</p> <ul style="list-style-type: none"> - M12-18: Changes in the child's weight and height make it easier for him to stand and walk; bones harden and his muscles grow to support standing and walking; touches, grabs, pulls, pushes anything he sees around him and can reach it; s/he likes physical contact and hugs; stands, walks quite well and independently, runs but often falls; sleeps during the night; attached to parents; climbs on low furniture; pushes a toy (e.g. a stroller); can carefully place one brick on top of another, make a small tower that then "demolishes" it; constantly explores, feels safe and confident when we are close to him; begins to smudge with markers. • He listens to what you tell him, follows simple commands, such as: "do not go there"; follow simple instructions, such as: "bring your shoes"; shows different parts of his body; drinks water by the glass; helps in dressing and undressing; uses about 6 words, in addition to "mom" and "dad"; takes a few steps on the stairs with the help of an adult; imitates animal sounds; uses a spoon and fork when eating; begins to understand how others feel; his/her verbal communication matures; names familiar objects (e.g. ball). - M18-24: gets curious about people and things around him, explores drawers, closets, rooms; imitates, copies what you do (combs his hair, tries to get dressed, eats) and feels independent; says other words. By the age of 2 on average, he can say 30 to 50 words and write sentences in two words; can make a tower with 5-6 cubes, opens doors, throws the ball, runs and climbs • It goes up and down the stairs when we hold him by the hand; understands what we are telling him and follows simple instructions; plays close to other children, but hesitates to play with them; s/he does not want to leave his mother or father; s/he reacts to other people's feelings; can start pot training; does not share toys with other children; eats on his own; sleeps all night; "Tied" to an object (a doll, pillow or blanket) and sleeps with it; runs without falling, stops and turns; Feels intense emotions that cannot be managed; thinks about how s/he feels and tries to express it in words; gives hugs to familiar; games s/he plays are characterized by more imagination and creativity; begins to use some pronouns and two-syllable sentences; sits alone in a small chair and carries large objects. Starts using one hand more than the other. 		
<p>Stages in the development of the child – LIFE after</p>	<p>3rd Year: This time period is characterized by emotional maturation, development of the ability to understand the feelings of others, understanding of concepts such as time, opposites (big-small, day-night, etc.), shapes, colours and characteristics of objects, and finally gaining independence in the toilet (one of the most difficult achievements).</p>	<p>5 min</p>	<p>PPT 5 slide 31</p>



European Association of Service providers
for Persons with Disabilities

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

<p>Birth. Lecture</p>	<ul style="list-style-type: none"> • Says his/her name; s/he wants to do things on his own; does not control emotions, especially when tired; personality and abilities are manifested; writes sentences of three words; speaks more clearly; runs, jumps, climbs, rides a bicycle with 3 wheels, balances on one foot for several seconds; blurring with markers, trying to draw something he has in mind, trying to draw a circle; can recognize some colours; recognizes and names members of his body; understands the difference between opposite concepts, such as: "small" / "big", "soft" / "hard" etc.; Dresses on its, own but can't fasten or lift the zipper; bsy the time s/he closes the three he has usually managed to go to the toilet alone; plays close to other children, but hesitates to play with them; imitates adults and tries to help them e.g. when tidying up his kitchen or room; kicks a ball but without a specific goal s/he climbs stairs, has a lot of energy, has no sense of danger, refuses to stop even if he knows what he is doing is dangerous. He asks a lot, like: "What is this? ", " Why is that happening? " etc; s/he listens to fairy tales and asks you to tell him your favourites over and over again. 		
<p>Neuroplasticity & early childhood development : Nature vs Nurture. Lecture</p>	<ul style="list-style-type: none"> • "Epigenetics" is an emerging area of scientific research that shows how environmental influences— children's experiences—actually affect the expression of their genes. • This means the old idea that genes are "set in stone" has been disproven. Nature vs. Nurture is no longer a debate. It's nearly always both! • During development, the DNA that makes up our genes accumulates chemical marks that determine how much or little of the genes is expressed. This collection of chemical marks is known as the "epigenome." The different experiences children have re-arrange those chemical marks. This explains why genetically identical twins can exhibit different behaviours, skills, health, and achievement. • The genes children inherit from their biological parents provide information that guides their development. For example, how tall they could eventually become or the kind of temperament they could have. During development, when experiences rearrange the epigenetic marks, they can change whether and how genes release the information they carry. • Thus, the epigenome can be affected by positive experiences, such as supportive relationships and opportunities for learning or negative influences, such as environmental toxins or stressful life circumstances, which leave a unique epigenetic "signature" on the genes. These signatures can be temporary or permanent and both types affect how easily the genes are switched on or off. Recent research demonstrates that there may be ways to 	<p>10 min</p>	<p>PPT 5 slides 32-33</p>



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

	<p>reverse certain negative changes and restore healthy functioning. But the very best strategy is to support responsive relationships and reduce stress to build strong brains from the beginning.</p> <ul style="list-style-type: none"> Experiences very early in life, when the brain is developing most rapidly, cause epigenetic adaptations that influence whether, when, and how genes release their instructions for building future capacity for health, skills, and resilience. That’s why it’s crucial to provide supportive and nurturing experiences for young children in the earliest years. Services such as high-quality health care for all pregnant women, infants, and toddlers, as well as support for new parents and caregivers can—quite literally— affect the chemistry around children’s genes. Supportive relationships and rich learning experiences generate positive epigenetic signatures that <i>activate</i> genetic potential. 		
<p>Important things to remember about child development Lecture</p>	<p>Early experiences influence the developing brain</p> <ul style="list-style-type: none"> Providing the right ingredients for healthy development from the start produces better outcomes than trying to fix problems later “Plasticity” refers to the capacity of the brain to learn from experience, which is greatest early in life and decreases with age. Although windows of opportunity for specific skill development and behavioural adaptation remain open for many years, trying to change behaviour or build new skills on a foundation of brain circuits that were not wired properly from the beginning requires more effort. From the prenatal period through the first years of life, the brain undergoes its most rapid development, and early experiences determine whether its architecture is sturdy or fragile. During early sensitive periods of development, the brain’s circuitry is most open to the influence of external experiences, for better or for worse. During these <i>sensitive periods</i>, healthy emotional and cognitive development is shaped by responsive, dependable interaction with adults, while chronic or extreme adversity can interrupt normal brain development Toxic stress damages developing brain architecture, which can lead to life-long problems in learning, behaviour, and physical and mental health. In the absence of the buffering protection of adult support, toxic stress becomes built into the body by processes that shape the architecture of the developing brain Stable, caring relationships are essential for healthy development. Children develop in an environment of relationships that begin in the home and include extended family members, early care and education providers, and members of the community. Studies show that toddlers who have secure, trusting 	<p>10 min</p>	<p>PPT 5 slide 34-39</p>



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

	<p>relationships with parents or non-parent care-givers experience minimal stress hormone activation when frightened by a strange event, and those who have insecure relationships experience a significant activation of the stress response system. numerous scientific studies support these conclusions: providing supportive, responsive relationships as early in life as possible can prevent or reverse the damaging effects of toxic stress.</p> <ul style="list-style-type: none"> ● While attachments to their parents are primary, young children can also benefit significantly from relationships with other responsive caregivers both within and outside the family. Close relationships with other nurturing and reliably available adults do not interfere with the strength of a young child’s primary relationship with his or her parents. In fact, multiple caregivers can promote young children’s social and emotional development. That said, frequent disruptions in care and high staff turnover and poor-quality interactions in early childhood program settings can undermine children’s ability to establish secure expectations about whether and how their needs will be met. ● Severe neglect appears to be at least as great a threat to health and development as physical abuse—possibly even greater. When compared with children who have been victimized by overt physical maltreatment, young children who experienced prolonged periods of neglect exhibit more serious cognitive impairments, attention problems, language deficits, academic difficulties, withdrawn behaviour, and problems with peer interaction as they get older. This suggests that sustained disruption of serve and return interactions in early relationships may be more damaging to the developing architecture of the brain than physical trauma, yet it often receives less attention. 		
<p>Who are the children in need of Early therapeutic Intervention. Lecture</p>	<ul style="list-style-type: none"> ● Early Intervention for High Risk Babies ● Biological risk factors, like preterm, low birth weight and asphyxiated babies According to WHO, around 15 million babies are born prematurely every year. Advances in technology and better quality of care in recent decades have improved the survival rates. It is believed that damage to the central nervous system (CNS) may occur due to the immaturity and fragility of their nervous system and present with neuro-psychomotor developmental delay. Consequently neuro-developmental impairments such as learning disability, cerebral palsy, hearing and visual impairment are on the rise. The other common risk factors associated with adverse neuro-developmental outcomes are low birth weight, 	<p>5 min</p>	<p>PPT 5 slide 40- 43</p>



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

	<p>meningitis, perinatal asphyxia, bilirubin encephalopathy.</p> <ul style="list-style-type: none"> • Development of a child takes place parallel in all the five domains namely sensory (hearing and vision), motor (gross and fine), speech & language, cognition and socio-emotional. The domains of development are interdependent on each other. When the child does not attain age-appropriate developmental milestones, developmental delay is said to exist. Delay in one domain invariably affects the development in other areas. Early intervention holds the potential for improving neuro-developmental outcomes of babies with such impairments or delays. • Environmental risk factors like babies who are under stimulated, with single parent, from poor socio-economic environment may establish disability of any type 		
<p>Developmental disorders. Lecture</p>	<p>Developmental disorders may result to severe or mild health problems for the child. It is therefore important to identify and intervene as early as possible. Red flags in the developmental of a child, i.e. identification of delays in occurrence of the developmental milestones as described before should be identified and assessed properly.</p>	<p>3 min</p>	<p>PPT 5 slide 44-50</p>
<p>Why early developmental intervention. Lecture</p>	<p>Rationale of early intervention</p> <ul style="list-style-type: none"> • Neuroplasticity is the ability of the brain to modify its connections or re-wire itself to recover from brain injury. Brain has many neural pathways that can replicate another’s function so that small error in the development or temporary loss of function through damage can be easily corrected by rerouting signals along the different pathways. Reinforcement or repetitive activities through stimulating environment (sensory) the connections will be strengthened and which are not stimulated and practiced will be pruned away. Strengthening of connections when offered to the damaged brain will eventually lead to recovery. Massive pruning has been seen to take place during childhood. • The brain development goes through a most rapid phase of growth during first 2 years of age group, where 75% brain development happens by two years. The head circumference increases in infants by 12 cm in the first year. Second year it increases by 2.5 cm and 2.5 cm up to adult. All the milestones in each domain are achieved by two years of age, which are the foundations for movement, communication, social and emotional capabilities, and intellectual functioning. • Critical period is the maturational stage of a child during which the nervous system is especially sensitive to learning development, for environmental stimuli. They are present in prenatal and postnatal periods of development. In the first trimester where 	<p>5 min</p>	<p>PPT 5 slide 50-54</p>



European Association of Service providers
for Persons with Disabilities

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

	<p>the organ is being formed, if harmful substances, called teratogens, invade the womb, they may insult the brain and hinder brain development. During post-natal period from birth to three years of age is the critical period when myelination is happening. External stimuli help in formation of the myelin sheath. During this period if the baby is under stimulated the milestones may be delayed. The characteristics brain development that are peculiar to early childhood make them amenable to early intervention which tends to mitigate consequences of developmental problem in this vulnerable population.</p>		
<p>What should we remember about the value of early therapeutic intervention. Lecture</p>	<ul style="list-style-type: none"> • The early provision of appropriate therapeutic approaches yields very good results • Neuroplasticity of the developing brain in the early years of life is characterized mainly by: Easy synapse formation Easy change of existing synapses Non-consolidation of neural circuits • late intervention to build new skills requires more effort. • early experiences affect the developing brain as early as in the prenatal period • Chronic stress can be toxic to the developing brain • Early brain damage can lead to lifelong problems • Early developmental therapeutic intervention further prevents adverse effects • Stable care relationships with parents and caregivers are essential for healthy development • Children need opportunities, motivation, play and simple everyday routines to learn. /Children with developmental delays learn the same way as other children. 	5 min	PPT 5 slide 55-64
Q & A		15 min	
Break		15 min	



Part 2: The How of ECI

2.1 Best Practices in ECI

Note to the trainer: Open the PPT 6 ECI Country models and service provision – 30 minutes

Page | 55

Topic / Method	Main Points	Time	PPT slide
Childhood Intervention Country models, Activity	Take some time to reflect on the following questions: <ul style="list-style-type: none"> Why does each country need to have an effective ECI system and services? What kind of ECI services do you need at this stage ? What are the children’s and families' urgent needs? 	7 min	PPT 6 Slide 4
Presentation of different ECI country models, lecture	Presentation of different ECI country models from USA, Portugal, Spain, Austria and Georgia with reference to the following topics: <ul style="list-style-type: none"> How long has ECI been implemented State agencies in charge and funding Standard policies and practice Theoretical and conceptual framework ECI Professionals and training requirements 	4 min	PPT 6 Slides 5-7
ECI services’ models, Lecture	Summary of the different ECI services’ models at the system level	2 min	PPT 6 Slides 8
Capacity building vs Traditional paradigm. Lecture	Explanation of the underlying paradigm shift from a traditional to a capacity building ECI Service delivery model	2 min	PPT 6 Slide 9
Recommended Practices in Early Childhood intervention. Lecture	Summary of the recommended practices in ECI in the context of a contemporary, evidence-based approach that puts families at the centre. <ul style="list-style-type: none"> Routine-based In a natural learning context Following a team-based, transdisciplinary approach Coordination and integration of services and resources at state and service level 	3 min	PPT 6 Slide 10
ECI Intervention team. Models of Team	Comparison of different team interaction models (Multidisciplinary, Interdisciplinary, Transdisciplinary) based on: <ul style="list-style-type: none"> Assessment Parent Participation 	5 min	PPT 6 Slides 11-12



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

Interaction. Lecture	<ul style="list-style-type: none"> • Service Plan development • Service Plan Responsibility • Service Plan Implementation • Lines of Communication • Guiding Philosophy • Staff development <p>Example of a specific child receiving services operating under a transdisciplinary and Interdisciplinary approach</p>		
Benefits of Transdisciplinary Team. Lecture	Transdisciplinary teams have been proven to have significant benefits improving the quality of the intervention. It is based on a collaborative approach that includes parents as equal participants and reinforces a natural way of learning	5 min	PPT 6 Slides 13-14
ECI Service provision Country models. Summary. Lecture	<p>Summary of some common key elements of different country models.</p> <ul style="list-style-type: none"> • Shift of paradigm from a traditional, medical, child focused model to a cost-effective, capacity building, family-focused model • Interdisciplinary/transdisciplinary team of professionals • Eligible children with a disability, developmental delay, or at risk of developmental delay in one or more areas from 0-3 - Home visiting & 3-6 -support in educational settings 	2 min	PPT 6 Slide 15
Group Activity. Create an optimal National ECI model for Greece with consideration of national resources			
Early Childhood Intervention Country models. Group Activity	<p>Working in small groups</p> <ul style="list-style-type: none"> • <i>Exercise: Divide in small groups and create an optimal National ECI model for Greece with consideration of national resources – economic, social, human and in line with the main philosophy and principles of ECI: service should be available for each child with special needs or at risk; should be free of charge; accordingly, should be funded by the government.</i> • Presentation by the groups (15 min) • Discussion/closing of the session 	30 min	PPT 6 Slide 16
The ECI example of Georgia. Challenges and recommendations			
ECI in Georgia. The context. Lecture	<p>The context of ECI system development in Georgia</p> <ul style="list-style-type: none"> • CHILD CARE - Programs organized by the Ministry of Labor, Health and Social Protection 	3 min	PPT 6 Slides 17-19



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

	<ul style="list-style-type: none"> Inclusive Preschool and school education Ministry of Education and Science 		
ECI in Georgia. The starting point. Lecture	<ul style="list-style-type: none"> Questions before starting to build the ECI system In Georgia Starting point - Changing approach of families and society through medical doctors How to use our professionals' expertise for the creation and provision of evidence-based ECI service 	3 min	PPT 6 Slides 20-22
ECI in Georgia. ECI Services. Lecture	<ul style="list-style-type: none"> Aim of the program Objectives Target group Registered ECI Providers Funding and terms of ECI state program Philosophy and principles Specification of different services for children with special needs 	5 min	PPT 6 Slides 23-28
ECI in Georgia. Outcomes. Lecture	<p>Outcomes of Early Childhood Intervention in Georgia</p> <ul style="list-style-type: none"> ➤ Early Intervention Prevents: <ul style="list-style-type: none"> Child's Separation Couple's Separation Family Dysfunction Disability Status Health Problems Social and Criminal Issues Family Economical Issues Parental Incompetence ➤ ECI plays a unique role in the transition of children into mainstream education. Testimonies from preschool teachers ➤ Empowerment of parents 	3 min	PPT 6 Slides 29-32
ECI in Georgia. Awareness raising and Outreach Activities	<ul style="list-style-type: none"> Free developmental screening in regions Workshops with parents, state social workers, medical and kindergarten personal Media programs/videos/clips 	1 min	PPT 6 Slide 33
ECI in Georgia. Influencing factors. Lecture	Factors that influenced ECI system development in Georgia	1 min	PPT 6 Slide 34
ECI in Georgia. The role of the NGO sector. Lecture	What nongovernmental sector has done to create a national ECI system	2 min	PPT 6 Slide 35



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

General challenges and recommendations. Lecture	General challenges and recommendations (Government + municipal/community commitment; ; budgeting system/diversification of funds; collaboration with international partners; regulatory framework; National ECI strategy and the Operational Plan; surveillance and screening; strong system of referral and transition) for the development of high quality ECI systems.	4 min	PPT 6 Slides 36-38
Benefits of Early Intervention. Lecture	<ul style="list-style-type: none"> Improved Mother – Child Physical and Mental Health condition Prevention of Developmental Delay Developed Child’s Full Potential Strengthened and well-Equipped Parents Smooth Transition to the Kindergartens Inclusion. Better psycho – social development and achievements at School, University, Job Less expenses on health and Special Education 	2 min	PPT 6 Slide 39
2.2 ECI service circle			
2.2.1 Referral to ECI services and different ways of defining eligible children			
ECI Service Cycle. Lecture	Overall presentation of the ECI service cycle from referral to the evaluation of the program <ul style="list-style-type: none"> Referral Child and Family Evaluation by Inter/transdisciplinary team Individualised Service Plan Service Provision Progress monitoring and setting of new goals Evaluation of the program 	3 min	PPT 6 Slides 40-41
Referral and eligibility in Georgia. Lecture	Referral to ECI services and different ways of defining eligible children (criteria and tools for identification of eligibility) Child detection and referral to ECI state program in Georgia Established Neuro – Developmental screening and evaluation algorithm Developmental Screening/ Standardized Screening Tools	4 min	PPT 6 Slides 42-44
Referral and eligibility. Lecture	Process of identification of eligible children and referral to ECI services <ol style="list-style-type: none"> Screening and Identification–Primary Healthcare /Children’s Polyclinics Referral to the Social Service Agency Evaluation of Child’s Eligibility for ECI Service by State Social Workers Informing family about ECI services and referral 	2 min	PPT 6 Slide 45
Referral and eligibility. Lecture	Different sources of Referral to ECI providers in Georgia	2 min	PPT 6 Slide 46



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

Referral and eligibility. Lecture	Eligibility criteria for the Georgian ECI State program and recommendations for improvements	2 min	PPT 6 Slide 47-48
Risk Factors of child development . Lecture	<ul style="list-style-type: none"> • Quality of Parent – Child transactions <ul style="list-style-type: none"> ➢ Personal Characteristics of Parents ➢ Financial Resources of the Family • Health and Safety Provided by Family <ul style="list-style-type: none"> ➢ Social Support ➢ Child Characteristics 	2 min	PPT 6 Slide 49
Referral and eligibility. Best practices. Lecture	Best Practices regarding referral system and eligibility criteria from Portugal, USA, Spain	5 min	PPT 6 Slides 50-52
Group activity. How children are referred to services in Greece and what is needed to have an effective referral system based on the Social/Ecological model			
Referral and eligibility. Group activity	Group work. Reflection on the following questions: <ul style="list-style-type: none"> • How the children are referred to services in Greece? • What is needed to have an effective referral system based on the Social/Ecological model • How to ensure engagement of the parents right from the beginning Presentation by each group	30 min	PPT 6 Slide 53
Note to the trainer: Open the Day 2, PPT 7 ECI Service Planning. Family and child evaluation			
2.2.2 Evaluation of a child and family based on bio-psycho-social model, parent-mediated and routine-based practice.			
First meeting with family. Lecture	<ul style="list-style-type: none"> • Reflection on what parents know about the service, their expectations, and what kind of service they are expecting, what kind of service they need. • ECI specialist confirms and/or verifies information about the service received from the parents and provides additional information • ECI specialist demonstrates an informational brochure, and hands it over to the parents for detailed observation and introduction to other family members as well • ECI specialist receives the final confirmation from the parent. If family don't like the terms and condition of the ECI service and they have right to refuse to get the service • In case of refusal, it should be discussed with the supervisor and service coordinator to decide on further actions (ECI service provider organization has to notify the State Social Agency and discuss further steps. State Social Agency can cancel the 	4 min	PPT 7 Slide 3



European Association of Service providers
for Persons with Disabilities

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

	<p>service if the consensus is not met with the family).</p> <ul style="list-style-type: none"> • If agreement is achieved with the family and informed consent is signed, from the next visit attendance of main caregiver is required (mother, father, grandparent, nanny, kindergarten's caregiver); this condition must be agreed upon in advance meeting or by phone. • Main caregiver and ECI specialist agree the service schedule: when, how many times, with whom and where the intervention should be delivered (in kindergarten, at home, or in both places); • An formal, written informed consent/agreement is signed 		
Child and family evaluation. Lecture	Step 2 - Child and Family evaluation by Inter/transdisciplinary team. Main areas of concern	2 min	PPT 7 slide 4
Assessment process and competences of ECI specialists. Lecture	Assessment process, specific areas of concern for children 0-30 & 30-60 months and competences of ECI specialist's conducting a child – family evaluation	4 min	PPT 7 Slides 5-6
Specialization of Transdisciplinary team members. Lecture	Different professionals undertake specialised tasks. (Psychologist, Occupational Therapist, Speech and Language Therapist, Pediatrician, Social Worker, ECI specialist)	3 min	PPT 7 Slide 7
Biopsychosocial Assessment. Lecture	Assessment of Biological, Social and Psychological factors	2 min	PPT 7 Slide 8
Positive and toxic stress/resilience. Lecture	It is important for the ECI professionals to be able to distinguish positive and toxic stress and identify resilience	2 min	PPT 7 Slides 9-10
Interview with parents. Lecture	Why is it important to create a child's individual profile based on Person-Centered Planning? The five valued experiences	3 min	7 Slide 11
Q&A		15 min	
Break		15 min	
Presentation of family-centred assessment tools. Ecomap, Routines based interview and more			
Family centred	Methodology and examples.	16 min	PPT 7 Slides



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

assessment tools. ECOMAP. Lecture	The ecomap is a picture of the family's ecology. The professional draws the ecomap by asking the family questions about the frequency of their contact with friends, extended family, and neighbours and how much they like the professionals and agencies they work with. Along with formal supports, it identifies the family's informal supports, which is most important. Most early intervention services do not find out about the informal supports the family might be able to count on for support before resorting to formal supports. Watch this video: https://www.youtube.com/watch?v=xTjrkFneXr8&t=24s		12-16
Routine based assessment model. Lecture	The Routines based approach is based on the work of Dr Robin McWilliam and his colleagues who developed it over many years. The model focuses on children's functioning in everyday routines and on family needs, strengths, and capacities. In the RBM, nothing good can happen unless we have a list of goals meaningful to the family and other caregivers spending time with the child The Routines-Based Interview (RBI) is the best known component of the Routines based model. An early interventionist interviews the family about the details of child and family functioning in daily routines, and the family chooses functional child goals/outcomes and family goals. You can also watch this video from professor McWilliam who developed the Routines based Interviews model: https://www.youtube.com/watch?v=yhcUotSkYAY&list=PLiBn1Mmm1E9QL4TTs1yldGB0Fy1oIAh68 What are parents expecting from ECI Specialists? <ul style="list-style-type: none"> - Questions that can be used to elicit family responses - Important information to gather - Prioritisation of goals - Managing the interview 	18 min	PPT 7 Slides 16 – 25
Routine based assessment model. Lecture	Child and Family Routine Assessment Summary and Analysis. The parent completes the family report Routine Questionnaire. At the same time, the specialist in the relevant parts of the form below notes problematic routines, specifically in which part of the routine there are particular difficulties and how the parent would like the child to be involved in the routine activity. After writing down routines for improvement, the specialist asks the parent to choose the priority routines, for which he wants to develop a work plan for the next 6 months. The highlighted priorities are moved to Child and Family Services Goals and Strategies	3 min	PPT 7 Slide 26
Safety and Hygiene Assessment tools. Lecture	Other assessment instruments. Check form A for home and form B for ECI Centre, Kindergarten	4 min	PPT 7 Slides 27-28



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

Positive Parenting Skills Assessment forms. Lecture	How does parenting and child development intersect? The way parents can nurture the very skills that children need—not just for success in the short-term—but across their entire lives. Check relevant form	2 min	PPT 7 slide 29
ECI Resources. Lecture	Additional ECI resources. Checklist of Observations Linked to Outcomes (PICCOLO) is an evidence-based observational measure of parenting with very young children that is psychometrically sound and useful for practitioners working with diverse groups	2 min	PPT 7 slides 30-31
Note to the trainer: Open PPT 8 Individual Family Service Planning. Design and Implementation			
Child and Family Individual Service Plan. Lecture	The purpose of this section is to support professionals to understand: <ul style="list-style-type: none"> • how to develop meaningful and functional IFSP outcomes and IEP goals, • how to determine if IFSP outcomes or IEP goals are of high quality 	1 min	PPT 8 slide 2
Child and Family Individual Service Plan. Lecture	Who creates the plan? The role of parents Long-term and short-term goals The key to a good IFSP is to set individual functional goals	1 min	PPT 8 slide 3
Group activity: Develop an ECI service delivery schedule based on different working models			
Child and Family Individual Service Plan. Group activity	Sandro, 3 years old boy, developmental delay, ASD referred to ECI service. Main concerns of the parent: doesn't talk, is picky eater, problems at kindergarten due to poor self-help skills, he is fully depended on caregivers' care. Was diagnosed at age of 18 month. Lives with parents and brother 7 years old; attends regular kindergarten. Write down an ECI service delivery schedule based on: Existed working model / Transdisciplinary team working model / Interdisciplinary team working model What type of service/services? How many times per week/per month? Who are providing the ECI service? Where is the service delivered? After the end of the activity 3 different examples of service delivery models are presented to the group and discussed	20 min	PPT 8 4-7
2.2.3 Development of the Individual Family Service Plan. How to set functional goals.			
Child and Family Individual Service Plan Key steps. Lecture	In developing IFSP plans, there are 3 key steps. First, it's critical to start with the parent's/caregiver's priorities about what they hope for the child and family and what's most important or meaningful to them. Special focus should be placed on their desires related to participation in family and community activities. Using focused open-ended questions can help parents and other	4 min	PPT 8 slide 8



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

	<p>care providers reflect on how they want the child to participate in activities and routines that are meaningful to them and what factors impact their child’s successful participation. It is these family priorities, not the practitioner’s or teacher’s priorities, that should serve as the basis for a high quality, participation-based outcomes and goals.</p> <p>Second, it’s important to consider what’s working and what’s challenging at home, in the community, and in the classroom. Make note of those situations that are motivating and interesting to the child and family and those that impact participation in family and community life. Asking parents what the child enjoys doing and what they enjoy doing together helps to clarify the context where the child is learning and participating. Similarly, asking parents which parts of their day are not going well provides an understanding of what the parents would like to see different in the future.</p> <p>For the this second step it is very important the information that has been gathered from evaluation and assessment. The professional must incorporate what has been learned during the evaluation and functional assessment process about the child’s developmental skills, needs and disability and their impact on the child’s learning and participation.</p> <p>The 3rd step is related with the quality of the document produced that should meet certain specific characteristics. All 3 steps are critical for developing quality outcome and goal statements, as well as informing decisions about strategies and activities that will most effectively promote incidental learning and the opportunity to practice new skills to meet outcomes and goals.</p>		
<p>Child and Family Individual Service Plan Functional goals. Lecture</p>	<p>Functional goals included in an ISFP should answer the key questions Who? What? Where? With whom? When? Distinction between long term and short-term goals</p>	<p>2 min</p>	<p>PPT 8 slide 9</p>
<p>Child and Family Individual Service Plan Functional goals. Group discussion</p>	<p>Present a set of goals as described in slide no 10 and ask participants to define which of these are family goals</p>	<p>5 min</p>	<p>PPT 8 slide 10</p>
<p>Child and Family Individual Service Plan</p>	<p>General characteristics of the outcomes aimed in the context of an ISFP</p>	<p>2 min</p>	<p>PPT 8 slide 11</p>



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

Outcomes. Lecture			
Child and Family Individual Service Plan Outcomes for children. Lecture	Often, IFSP child outcome statements are participation-based, focusing on the child’s interests and assets that will provide opportunities for learning and development. Other times, IFSP outcome statements focus on the routines and activities that parents want or need to go more smoothly, such as mealtimes or bedtime routines. Child Outcomes should: <ul style="list-style-type: none"> Enhance the child’s learning through functional participation in everyday activities (child is learner/actor), Be important and meaningful to the family/caregiver (their priorities), Expand activity settings in which the child can be competent, and Be based on the child’s interests. 	2 min	PPT 8 slide 12
Child and Family Individual Service Plan Outcomes for families. Lecture	There are two types of family outcomes – participation-based or resource based outcomes. <i>Family Outcomes should:</i> <ul style="list-style-type: none"> Enhance the capacity of the family to meet the needs of their child (family is learner/actor), Support accessing community resources and supports (service coordinator supported), Be important and meaningful to the family/caregiver (priorities), and Be based on the family’s interests. An example of a participation-based family outcome is: <ul style="list-style-type: none"> “George and Maria would like to be comfortable taking Irene with her siblings to their grandmother’s house.” An example of a resource-based family outcome is: <ul style="list-style-type: none"> “Helen will find child care for her son within 25 km of her new job.” 	2 min	PPT 8 slides 13-14
Child and Family Individual Service Plan Outcomes. Lecture	Another approach is to use the “third word” rule, identified by Rush and Shelden. The third word rule refers to the third word in the outcome statement. As a test of whether the outcome statement is participation based, examine the third word for an action that is functional for the child. The word “eat” in the example of Kim used in the slide meets the criteria. Another example of an outcome statement with a functional third word is “Thomas will ask for food he wants during meal times.” In contrast, “Thomas will say three words when asked to repeat them” is skill-based and does not provide context for learning and engagement. The ISFP should be jargon-free, clear and simple. This means that the outcome is written so that is understandable by the family and the general public, and does not include professional jargon or practitioner “speak.”. For example, the outcome should describe how the child will move, such as reaching up or down for toys, instead of using phrases like “range of motion.”. Another	2 min	PPT 8 slide 15



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

	example would be wording an outcome so that it describes a child able to use words clearly to make herself understood, rather than using the term “articulation”.		
Child and Family Individual Service Plan Outcomes. Group discussion	According to the presented examples in slide no 16 check if the goals are Functional/meaningful/child or family centred.	5 min	PPT 8 slide 16
Child and Family Individual Service Plan Outcomes. Lecture	Here is presented an example of a high quality IFSP child outcome statement in comparison to a statement that is not high quality: High quality: <ul style="list-style-type: none"> • “John will play with toys and eat meals with his family by sitting without much support.” Not high quality: <ul style="list-style-type: none"> • . “John will improve muscle tone for sitting.” Based on the criteria of high quality outcomes that were just reviewed, do you have any ideas as to why this is not high quality? (Answer - not jargon-free, uses passive word.)	2 min	PPT 8 slide 17
Child and Family Individual Service Plan Goal functionality. Lecture	Check here some criteria that define goal’s functionality	2 min	PPT 8 slides 18-19
Child and Family Individual Service Plan. Lecture	The 4 step process on this slide reflects the development of the IFSP outcome statement to ensure that the core portion of the statement is written functionally and is participation-based. These steps were adapted from a 7 step process that includes criteria, procedures and timelines developed by Robin McWilliam. Let’s walk through the example we’ve developed using this 4 step sequence. First, based upon the parent’s/caregiver’s priorities, determine the functional area that the outcome relates to. In our example, we selected “eating.” Second, determine the routines affected. We selected “meal time with the family.” Third, develop a statement that reflects how the child will participate in the routines, such as “John will eat with her family at mealtime . . .” Finally, add to the initial part of the outcome statement developed in Step 3, what the child will do (defining specific behaviours). “. . . eating the foods they eat.” So the complete outcome statement that we developed using this framework is: “John will eat with his family at mealtime eating the foods they eat.”	3 min	PPT 8 slide 20



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

Child and Family Individual Service Plan. Lecture	Two more parameters to take into account when developing IFSPs <ul style="list-style-type: none"> • Generalisation/maintenance • Time frame 	1 min	PPT 8 slide 21-22
Child and Family Individual Service Plan	Why routines are important	1 min	PPT 8 slide 23
Child and Family Individual Service Plan. Lecture	An example of an intervention matrix with specific goals per different everyday routines	2 min	PPT 8 slide 24
2.2.4 Home visiting. Structure and process			
ISFP implementation. HOME VISITS. Lecture + video	Home visiting structure and process. Check also the following video: https://www.youtube.com/watch?v=8fOJGmldj0c This video shows what families can expect during a home visit. It includes explanations about a primary provider model, parent coaching, and using typical daily routines.	20 min	PPT 8 slides 25-27
2.2.5 Main steps of the transition process. Monitoring and re-assessment of the implementation of the IFPS. Training of staff and ECI standards			
Child and Family Individual Service Plan Transition to kindergarten. Lecture	Main steps of the transition process. <ul style="list-style-type: none"> • Discussion with Family • Plan to visit kindergarten • Make collaboration • Planning of Transition process • Support of child, parents and the new team 	2 min	PPT 8 slide 28
Child and Family Individual Service Plan Progress Monitoring and evaluation. Lecture	Individual goals monitoring and annual re-assessment The evaluation process includes: <ul style="list-style-type: none"> • Parent Satisfaction • Staff members' evaluation and satisfaction <ul style="list-style-type: none"> • Self-evaluation • Peers Evaluation • Evaluation of program administration process 	2 min	PPT 8 slides 29-30
Training and Supervision of ECI Specialists. Lecture	Contents of the training <ul style="list-style-type: none"> • ECI Philosophy and principles • Case management • Standards and Administration rules • Pre-service training requirements 	3 min	PPT 8 slides 31-33



European Association of Service providers
for Persons with Disabilities

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

	Certification and supervision provided in the Georgian ECI system		
ECI state Service standards. Lecture	ECI standards applied in the ECI system of Georgia <ul style="list-style-type: none"> Standards for children and parents Standards for specialists Standards for State agencies 	3 min	PPT 8 slides 34-35
Q&A		15 minutes	
Wrap up of the training 20 min			
Closing of the training	<ul style="list-style-type: none"> Thank participants Last round of feedback / impression /questions on the training from participants (possible to use activity, or tool) information on follow up (evaluation form) information on where to find materials 	20 minutes	

