

Early Childhood Intervention (ECI) in the context of displacement

Position Paper



Introduction

In the current context of war and displacement, where millions of lives are in turmoil, Early Childhood Intervention (ECI) emerges as a crucial lifeline for the most vulnerable: young children. ECI acknowledges that early childhood is a make-or-break period when a child's future is formed, driven by their genes, surroundings, and relationships with caregivers. In these crucial early years, many children might be at risk or face disabilities and developmental delays, which can be worsened by the experience of war and displacement.

In response to this, family-centred ECI services offer a promising path. With ECI a multi-disciplinary team supports primary caregivers to improve their interactions with the child and build their capacities. These services empower families and caregivers, by recognising their strengths and fostering development of the child within the family's daily life. Quality ECI services are holistic in nature, encompassing cognitive, social, emotional, and physical aspects of development, and are tailored to meet the unique needs of each child and family.

Quality ECI services have the potential to strengthen resilience and address the needs of families and children in different contexts, including war and humanitarian crises and should be prioritised in the humanitarian response to support children and families affected by the war in Ukraine. However, in most countries early intervention is fragmented, mostly provided with an outdated medical approach, and quality ECI is provided by a minority of services, which are limited in their outreach and cannot thus address the existing support needs.

This position paper by the European Association of Service providers for Persons with Disabilities (EASPD) delves into ECI's crucial role in the context of war and displacement, focusing on four countries hosting Ukrainian refugees in the framework of the [ECDUR project](#). We aim to assess the current state of the early intervention sector and chart a course toward building an accessible ECI system for all children and families in need, including children with disabilities and developmental delays from Ukraine.

For this to happen, the European Union must take the leadership to support ECI system building in the member states but also in the countries aspiring to join the European community. This position paper provides recommendations on how this can happen in practice.

In a world where children's futures hang in the balance, ECI must be at the forefront of the humanitarian response to the Ukrainian war's impact on children and families. It is not just a lifeline; it is a beacon of hope guiding us toward a future where every child, no matter their circumstances, can thrive.

This document will define family-centred ECI, highlight some key challenges encountered in Bulgaria, Moldova Poland and Slovakia and provide recommendations to national and EU policy-makers to strengthen ECI services in those countries and ensure they reach out to refugee children with or at risk of developmental delays and disabilities, and their families. At the end of the document, you can find country fiches with specific informations and recommendations referring to each of these countries.



ECI definition

Family-centred Early Childhood Intervention (ECI) provides individualised and intensive support for families with infants and young children (usually 0-3 or 0-6) who are at risk of not reaching their full potential, experience developmental delays, or have disabilities, while their brain is characterised by high levels of plasticity and adaptability. ECI supports, coaches and mentor families in their ability to raise and support their child development, and increases the quality of the family's daily life. Support revolves around families' and children's needs and happens in the child's natural environments which ensures the maximum use of learning opportunities of daily activities for the child development.

ECI services are crucial in the deinstitutionalisation process as they support families, contribute to preventing the placement of children in institutions and foster their inclusion in education. The ECI process involves a comprehensive assessment of both the child's and family members' needs by an interdisciplinary team of specialists. The team works with the family to identify daily life challenges related to the child's development, to create personalised family service plans, based on the family's priorities, and developmental strategies, which are then integrated in the family daily life, in accordance with the individual needs of the child and the family. ECI services also support families to get access to support and resources and strive to promote the inclusion of children in Early Childhood Education and Care (ECEC), serving as a crucial initial step towards their future inclusion in formal education.

Quality Early Childhood Intervention is:

- **Early and continuous**
It seeks to start working with children shortly after birth or as early as possible. Routine developmental monitoring is important to ensure the child and family receive the needed support with the maximum positive impact.
- **Family-centred**
Families are equal partners in the planning and implementation of ECI and the intervention should be co-produced around their needs and priorities. ECI supports families and helps them focus on their child's development, know and exercise their rights, and make all decisions for their child's wellbeing.
- **Based on a social model of disability**
Rather than addressing solely a child's areas of need, ECI also focuses on assessing the family's strengths and wellbeing, the child's next developmental steps, and the wider context and support network in which the family lives.
- **Intensive**
Support is frequent, depending on the needs of the child and family, and ideally should happen in the home and other natural daily environments of the child.
- **Accessible**
ECI services must be easily accessible to all, affordable for all families and the services should be based as close as possible to families' homes.
- **Transdisciplinary, integrated and team-based**
Families are supported by professionals from different sectors and disciplines who work in teams to provide one integrated service of assessment, individualised family service plans and visits, with one contact point or case manager for each family and child.
- **Individualised and evidence-based**
ECI support is built on the child's and family's strengths, needs, and priorities, and is based on research findings on development, learning, communication, and effective intervention for specific disabilities and conditions with continuous monitoring and evaluation.
- **Based on the best interest and participation of the child**
Professionals are trained on child and family-friendly methods of interventions and ensure the child's cooperation, taking into account children's views including emotional reactions and non-verbal cues. In agreement with parents, the best interests of the child need to be assessed based on the child's strengths and quality of life.



The ECDUR Project Findings and Recommendations

In July 2022, UNICEF and the EASPD started the Emergency Early Childhood Development Support for Ukrainian Refugees (ECDUR) project.

The project aims to improve the support to Ukrainian parents and family members of young children with, or at risk of developmental delays and disabilities. More specifically, the project has the objective of expanding the availability of trained Family Consultants who offer counselling and support to parents of infants and young children at risk of or experiencing developmental difficulties, such as delays and disabilities. Additionally, the project aims to advocate for strengthening the provision of ECI services in Bulgaria, Moldova, Poland, Romania, and Slovakia for refugee children. Furthermore, it seeks to raise awareness about the significance of early support for each child's development and spotlight the primary challenges associated with ECI, both at the national and European Union levels.

Neighbouring Countries: Common Challenges and Recommendations

The assessments of ECI services in Bulgaria, Moldova, Poland, and Slovakia have brought to the forefront a set of shared challenges and areas of concern that transcend national boundaries, illustrating systemic issues that hinder the effective provision of ECI services across diverse contexts. For what concerns the availability of support for young Ukrainian children and families, the systemic challenges mix with specific ones linked to language, cultural and bureaucratic barriers that further hinder their access to ECI support.

Common Challenges

- **Underdeveloped Policy Framework**

A recurring issue in all participating countries is the absence of specific national policy frameworks, and sufficient funding, for ECI. This deficiency contributes to a lower availability of ECI services.

- **Lack of Coordination**

Effective cross-sectoral coordination and cooperation is key due the inter-disciplinary and inter-sectoral character of ECI services but is often missing. This hinders inter-ministerial agreement on ECI and results in independent departmental operations, each with its own criteria and documentation requirements.

- **Shortage of Qualified Professionals**

All four countries face a shortage of specialists, including pediatric neurologists, child psychiatrists, psychologists, and speech/language, physical and occupational therapists, which impedes the delivery of

ECI services. For what concerns Ukrainian refugee children and families, Ukrainian professionals would be available, but their qualification are mostly not recognised in the receiving countries.

- **Language Barriers**

Communication difficulties, especially for refugees from Ukraine, persist and create obstacles to effective interaction and access to services.

- **Access Barriers**

A combination of lack of information, challenging bureaucratic procedures, unrecognised qualifications, unavailability of services in some areas, living conditions of refugees, and address registration issues contribute to limited access to ECI services for various groups, including refugee families, with additional challenges for single mothers.

Key Recommendations for the Receiving Countries' Governments

In response to these challenges, here are some key recommendations to enhance the effectiveness and inclusivity of ECI services for young children and families in need of support, including refugee families from Ukraine:

- **Build and strengthen national systems for ECI**
Invest in building and strengthening national systems for ECI that reach out to all infants and young children in need and their families, including the refugees, and are aligned with the principles of contemporary, family-centred practice.
- **Improved Coordination**
Establishing better coordination mechanisms among relevant ministries, municipalities, and regional governments and an effective referral pathway between health, education, and social protection sectors to streamline early identification, referral, and ECI provision, for families with children with and at risk of disabilities and developmental delays, including a specific focus on the needs of refugee families.
- **Information Dissemination**
Launching comprehensive nationwide campaigns to inform refugees, including those from Ukraine, and other vulnerable groups about their rights and effective ways to access basic social and health services, as well as available ECI services.
- **Data Management Enhancement**
Collecting, storing, and analysing data regarding young children and at risk of disabilities and developmental delays, including refugees, to ensure targeted support.
- **Professional Training**
Providing ongoing training for staff of ECI services and ECEC to strengthen their professional competencies for supporting the development of young children at risk of or with disabilities and developmental delays and their families, including the needs of refugee children. Involving refugees professionals from Ukraine in these training programmes.
- **Funding Mechanisms**
Establishing funding schemes and centralised financing mechanisms for early childhood intervention and inclusive early education and ensure that the financing is sufficient to meet the increased needs created by the humanitarian situation and the specific needs of Ukrainian refugee. Use the EU available funding instruments for the development and strengthening of ECI system and to speed-up the transition from rehabilitation to contemporary family-centred ECI systems.
- **Language and Cultural Support**
Addressing cross-cultural and language barriers to ensure effective assertion of rights, particularly for refugees from Ukraine.

These common challenges and key recommendations underscore the need for systemic improvements and policy reforms to establish well-functioning nationwide ECI systems, that reach out to all families in need while taking into account the unique challenges and needs of refugees from Ukraine seeking ECI services in the receiving countries.



Recommendations for the EU

The European Union (EU) can have a significant influence on national policy development and modelling of good practices for Early Childhood Intervention (ECI) and a in shaping and strengthening ECI policies and services through a greater use of its financial instruments for the development of ECI systems.

The role of ECI needs to be further highlighted as a key element to foster healthy development, prevent institutionalisation of children, facilitate participation in ECEC, education and enable them to reach their full potential later in life.

The European Union has the potential to speed up the transition to family-centred ECI and the creation of national ECI systems. It is recommended to the EU to take the leadership to support ECI system building, that reach all families in need including refugee families, both in its Member States and in the countries aspiring to join the EU.

More specifically we call the EU to:

- 1 Ensure that ECI-related policies are highlighted as a fundamental element in policies on deinstitutionalisation, independent living, and Early Childhood Education and Care (ECEC).**
- 2 Further address the link between ECI and ECEC,** since ECI is contributing to the successful inclusion and participation of children in ECEC. ECEC and ECI shall be considered as a continuity of services supporting the inclusion of children at risk of or with developmental delays and disabilities.
- 3 Improve awareness and knowledge on ECI,** by fostering data collection on ECI policies and practices, the preparation of country ECI Situational Analysis that include essential primary research, mutual sharing of good practices and methodologies, and developing EU guidelines help guide the establishment and improvement of national ECI services and systems.
- 4 Mobilise EU financial instruments,** including the European Social Fund Plus, the Technical Support Instrument, and Pre-Accession funds in supporting the shaping and strengthening of ECI policies and services. This funding can speed up the transition from traditional rehabilitation services to contemporary family-centred ECI and the creation of national ECI systems.
- 5 Encourage Member state to use the EU Child Guarantee** for developing research, services and systems on ECI, as demonstrated in the pilot phase in Croatia and Bulgaria, developed in cooperation with UNICEF.
- 6 Review the Temporary Protection Directive** and ensure that it guarantees access to children with disabilities and developmental delays and their families to essential services.

Country Fiches

Bulgaria

State of Play

Policy and institutional environment related to ECI provision

Bulgaria lacks specific national policy framework on ECI, which contributes to the lower availability of ECI services across the country. The Social Services Act enables municipalities to establish ECI services, but in the absence of quality standards and a National Map of Social Services, the implementation of its provisions is delayed. ECI services are intended for children from 0 to 6 years of age with disability (diagnosed condition or disorder that limits their functioning in one or more areas of their development) or risk of developing a disability; at risk of abandonment and placement in an institution; having delays in one or several areas of development – cognitive, motor, speech, social, emotional¹.

Services are provided by municipalities, as well as the civil society. Expertise in contemporary, family-centred ECI practice primarily resides in the civil sector, with organisations like Karin Dom, For Our Children Foundation, Child and Space Foundation, pioneering various models. These organisations focus on risk identification, prevention, screening for developmental delays, and intervention. Although important steps have been made in establishing the foundation of contemporary family-centred ECI system in Bulgaria, the traditional rehabilitation model continues to dominate.

¹ Early Childhood Intervention in Bulgaria, Hungary, Poland, Romania, and Slovakia. A situation analysis based on the Developmental Systems Model, Eurlayid, 2019 www.eurlayid.eu/wp-content/uploads/2019/12/2019-12-Agora-project-summary-report-A4-version.pdf

Challenges in providing ECI services

- **Systemic challenges hinder the proper functioning of ECI services**, including the lack of an integrated national ECI system with ECI Service Guidelines and Procedures, shortage of qualified specialists, lack of a sustainable pre- and in-service training system, the absence of agreed-upon national methodologies, lack of service and personnel standards, and referral and follow-up procedures.
- **A substantial number of children in need of ECI services do not have access to them**

This is due to challenges in early identification, diagnosis, and referrals, and to the underdevelopment of ECI services, as their availability is not sufficient to meet the needs.



Challenges for the access of refugee families to ECI services

- **Language barrier**
The language barrier hinders effective communication and interaction between the ECI service staff and the caregivers of children from Ukraine.
- **Difficulties in registration with General Practitioners (GPs)**
Securing a GP registration is challenging, hindering access to nursery and school enrolment, vaccinations, follow-up, specialist referrals, and examinations. Many GPs are reluctant to register Ukrainian refugees due to concerns about ongoing responsibilities, as many refugees may move to other cities or leave the country.
- **Bureaucracy**
Complex and unclear bureaucratic procedures make it difficult for refugees to access essential health and social services, including disability assessment.
- **Unrecognised qualifications**
Ukrainian professionals within the refugee community could contribute to meet the support needs of Ukrainian families but cannot practice legally in Bulgaria because their qualifications are not formally recognised, and the certification procedures are lengthy and involve significant financial costs.
- **Lack of access to specialised psychological support** for mothers and children who have experienced war, violence, and displacement.

Key recommendations

Urgent measures are needed for ECI and its access to refugee families and children:

- 1 Launch a nationwide **campaign** to inform refugees about their rights and access to social and health services, while working collaboratively with those services to develop a plan for achieving desired objectives.
- 2 **Increase support to existing ECI service providers to enable them to meet the existing demand**, including from refugee families, and to expand their mobile teams and home visits.
- 3 Enhance the organisational structure of ECI with the goal of improving **early identification through developmental monitoring in the health care system, referral and ECI service provision**.
- 4 **Simplify bureaucratic procedures** for GP registration, access to ECI services, and equivalency exams for Ukrainian ECI specialists.
- 5 **Enhance the pre- and in-service training and qualifications of the professionals involved in ECI service provision**.
- 6 **Offer expert supervision by early intervention-trained professionals**, improve team communication, and facilitate knowledge sharing, research dissemination, and legislative alignment.

Moldova

State of Play

Policy and institutional environment

The right to receive ECI services for children with disabilities or delays was established by Law 60/2012, aiming to minimise the impact of a child's condition and promote their health and development. The law provides a definition of ECI as a combination of medical, social, and psycho-pedagogical services, with interdisciplinary teams that collaborate to provide ECI services. ECI services support children from 0 to 3 years of age with developmental difficulties and their caregivers.

Medical professionals play a key role in identifying developmental issues in children. National standards exist for monitoring child growth and development, as well as newborn screening programmes to detect hearing, vision problems, and congenital diseases.

ECI services are funded by various sources, including compulsory health insurance funds. There's a lack of regulation for integrating funding between social, educational, and medical services in the ECI sector. Funding for ECI services has increased, with more service providers contracted to meet the growing demand for services in 2023. The National Health Insurance Company is expanding the coverage of ECI services.

Challenges in providing ECI services

• Challenges in identifying developmental delays

There is underdeveloped system for identification of children at risk of developmental delays or with disabilities due to limited access to health services in rural areas, shortage of family doctors and nurses who are primarily responsible for developmental monitoring, identification and referral to ECI services, as well as low parental awareness of developmental delays.

• There is insufficient cooperation between the health, education, and social protection sectors

There is no shared database between health, education, and social protection sectors for coordinated interventions. Transitioning from ECI to ECEC is difficult and this hinders school enrolment.

• Shortage of social services and assistance

Support services are inadequate for children with disabilities, especially for children with Autism Spectrum Disorders (ASD) and severe disabilities, particularly in some areas of the country. Not all eligible children with severe disabilities have access to personal assistance services.

• There is a shortage of ECI staff, and ECEC staff is underqualified to work with children with disabilities/SEN, especially in rural areas.



Challenges for the access of refugee families to ECI services

- **Difficulties to access the services**
The language barrier hinders access to all social support, ECI, and ECEC services. Such services are not always available in the area of refugees' residence. Refugees find it very difficult to access services to address the complex needs of children with severe disabilities.
- **Bureaucratical barriers**
Refugees encounter difficulties in reaching available services without a confirmed medical diagnosis. There is service interruption linked to confirmation of their Temporary Protection status.
- **Information**
There is a lack of information about support services for children with disabilities, including the process for accessing them, and the required procedures that they should follow.

Key recommendations

- 1 **Expand the national network of ECI services and ensure better coordination with early childhood education and care services**, including the development of more home visits and mobile ECI services to support children in natural environments, such as in family homes and ECEC settings, especially in rural areas.
- 2 **Foster inter-sectoral cooperation** among health, education, and social protection sectors to increase referrals to support services, assessment, and monitoring for children with or at risk of disabilities and developmental delays.
- 3 **Ensure ongoing training for both teaching and non-teaching ECEC staff** to improve their abilities in supporting children with and at risk of disabilities and developmental delays, including refugee children.
- 4 **Establish funding schemes to support inclusive early education and support services for children at risk or with developmental difficulties and disabilities** with a centralised financing mechanism. Pilot the implementation of support service packages for young children with disabilities within ECEC settings.
- 5 **Facilitate collaboration among organisations and institutions supporting refugees** to inform parents about available services and highlight the benefits of enrolling their children in ECEC settings, even for short durations.
- 6 **Encourage the creation of mutual support groups among refugee parents** with children with disabilities to promote information exchange and the development of supportive relationships to address various challenges.

Poland



State of Play

Policy and institutional environment

Poland has a national screening programme for infants implemented in paediatric hospitals and outpatient clinics, fully covered by the state. In both the healthcare and education system, the availability of screening services is statutorily guaranteed and regulated by appropriate procedures.

There are two main early support measures for children at risk of disability: the Early Developmental Support (EDS), implemented in early development support centres for children and families reporting to the Ministry for Education and Science; and Early Intervention (EI), organised by the Ministry of Health, and implemented by early intervention centres. The EI/EDS include family support and can be offered to any child with a disability, from birth until primary school education.

Early intervention includes preventive, diagnostic, rehabilitative, and therapeutic measures aimed at identifying developmental difficulties and supporting a child's development, considering both the child's needs and those of the family. Early Developmental Support (EDS) consists of supporting the child's psychomotor

development from the moment the disability is detected to the time school education starts. Parents receive guidance and advice and are consulted on the scope and ways of working with their child.

Many NGOs offer EI services. Accessing ECI services typically requires a referral from a physician. The Primary Prevention Committee assesses the child's needs and provides a document used by the Ministry of Education to fund monthly intervention, which includes reference to the child's abilities, developmental needs, and recommendations for specific support.

Challenges in providing ECI services

- **There is no consistent cross-sectoral national policy in the field of EI / EDS in Poland**
Lack of sector coordination hinders inter-ministerial agreement, and each department operates independently, setting varying requirements and documentation for accessing services.
- **There is a shortage of professionals** including pediatric neurologists, child psychiatrists, psychologists, physiotherapists, speech therapists, and special education teachers. The field of EI/EDS is relatively new in the country and part of its staff is composed of young employees who lack professional experience.
- **Parents are often alone** when it comes to the choice of service to which they apply for support.

Challenges for the access of refugee families to ECI services

- **Difficulties in obtaining the documentation needed to access support**
Young Ukrainian children with disabilities must have an immigration status and a disability certificate to be included in the social welfare and support system in Poland. As Poland and Ukraine do not have an agreement on mutual recognition of disability certifications, it is up to each child's guardian to obtain the certification from the relevant Polish authority.
- **Language barriers** continue to impact the possibilities of parents to work and/or access services and support.
- **There is insufficient access to specialists, psychologists, and psychiatrists for children and adults, leading to long waiting times.**

Key recommendations

- 1 Improve coordination of the different sectors and agencies involved in early support** and ensure there are clearly defined competencies and coordination mechanisms.
- 2 Early Development Support should be comprehensive and ensure ongoing access to specialist doctors.** Early development support shall integrate parenting support to ensure that caregivers have the competencies and resources to engage in supporting the development of their child. This support shall also facilitate access of parents/guardians to a wide range of services, including psychological, legal, and translation/interpreting.
- 3 Improve the accessibility of information regarding the available assistance and provide support,** especially for individuals and children with disabilities from Ukraine and their caregivers, including **personal assistant services.**
- 4 Develop a national plan for pre- and in-service training and certification** to increase the number and professional competencies of the practitioners working in EI and EDS services
- 5 Address cross-cultural and language barriers** to ensure people assert their rights effectively.
- 6 Ensure the availability of ECI and EI services to refugees from Ukraine.** Establish a comprehensive data system for tracking young children enrolled in Ukrainian EI and EDS services, especially those with disabilities.

Slovakia

State of Play

Policy and institutional environment

Early intervention in Slovakia was established by law in 2014, through an amendment to Act No. 448/2008 Coll. on social services, updated in 2022. Early Intervention is offered to children under 7 years of age at risk of developmental delays due to disability, as well as to their families.

Early intervention is defined as a set of interventions in the social, health and education sectors, for children with developmental risks up to 7 years of age and/or their families, reflecting their needs. It includes multidisciplinary services that aim to support child development and prevent, mitigate, or eliminate disability-related consequences and promote social inclusion. It also focuses on strengthening the caregiving abilities of family members, by taking into account family needs and supporting them to strengthen their own capabilities and resources.

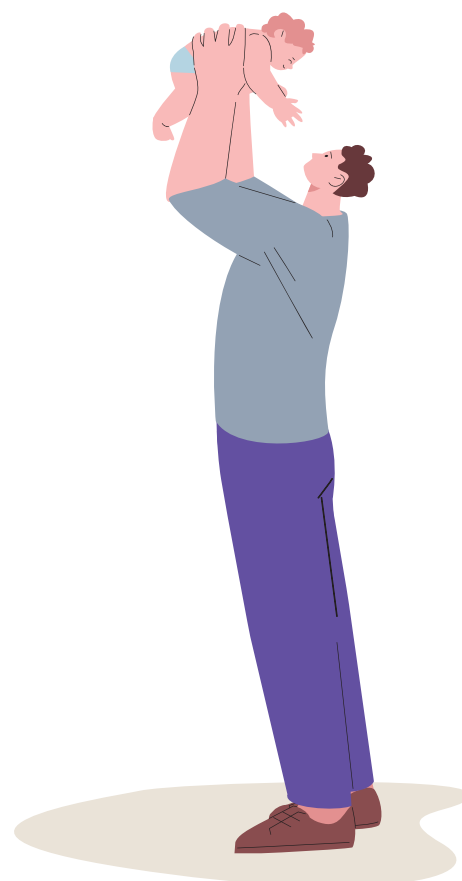
Ukrainian refugees in Slovakia were supported financially by various international organisations and private resources to be able to access health services, aid (which otherwise would have been very high) and rent, transport, food, and clothes.

are forced to look for various mutually uncoordinated interventions provided by private entities.

- **The demand for targeted interventions is partially met by the private and mostly the third sector**
Lack of sustainable, public funding for the services provided by the civil society sector.
- **Slovakia is among the countries with the lowest rate of placement of children under 3 in kindergarten and in other types of institutional daily early care**
There is a lack of support for inclusion for children with disabilities in kindergartens, including a shortage of teacher assistants.
- **In the health sector there is low availability of specialists for children 3 years of age**
This makes it impossible to provide with diagnostic and therapeutic support to all children who need it.

Challenges in providing ECI services

- **Limited availability of services and delayed identification**
Existing early intervention providers support a small percentage of the children and families needing them. Child referrals to further care are primarily handled by attending physicians. Services are legally free, but providers make them conditional on receiving additional paid services, which discourages many parents.
- **There is an insufficient consideration of individual needs and poor coordination between services, thereby hindering social inclusion**
Due to the lack of affordable and accessible individualised complex and coordinated support funded by the public funds, parents



Challenges for the access of refugee families to ECI services

- **There is a lack of cooperation between different organisations supporting Ukrainian refugees**
There is no shared database for families with young children with disabilities or refugees in Slovakia, and limited information exchange, as well as an inconsistent system of collaboration in delivering aid, assistance, or services. This causes variations in the levels of support and the number of children receiving assistance within different regions of the country.
- **Slovakia and Ukraine use different methodologies to conduct developmental assessment of children**
In the future, it would be appropriate and beneficial to unify these, not only between Ukraine and Slovakia, but also within the entire EU.

Key recommendations

- 1 **Introduce a unified, coordinated ECI system of support for children with developmental risks and disabilities and their families including for young Ukrainian children with disabilities** with the aim of their social inclusion. Organise and integrate policies, systems, and services through interdepartmental and intersectoral cooperation, facilitated by an interdepartmental working group and countrywide consultation workshops.
- 2 **Implement a uniform child developmental assessment system and statistical monitoring** based on functional needs rather than diagnosis, supported by an electronic database within the National Early Intervention Strategy.
- 3 **Restructure and revitalise school, health, and social services** to coordinate and sustain early intervention services, collaborating with self-governing regions. Allocate increased budgets to meet the demand.
- 4 **Improve the availability of developmental monitoring and counselling of caregivers on child development in routine health care services, as well as developmental assessment**, especially for children aged 0-3, and foster cooperation with other support entities. Address the current deficits and high private provider costs.
- 5 **Enhance the availability of early care services in special pedagogical counselling centres (CŠPP)** within the Ministry of Education, focusing on inclusive education and ensure proper funding.
- 6 **Provide professional and vocational training for ECI personnel** through curriculum updates in higher education institutions, further pre- and in-service professional education, certification, and supervision which emphasises a family-centered approach and address legal and procedural challenges.
- 7 **Ensure quality through expert supervision by early intervention-trained professionals**, improve team communication, and facilitate knowledge sharing, research dissemination, and legislative alignment.



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