

ErISFaVIA
**Early Intervention Services for Families with Children with Vision
Impairment and Additional Disabilities**

IO8

Policy Recommendations and Guidelines Report



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Policy Recommendations and Guidelines Report

Intellectual Output 8 (IO8)

ErISFaVIA

Early Intervention Services for Families with Children with Vision Impairment and Additional
Disabilities



No.	Partner Name	Logo
1	UNIVERSITY OF THESSALY-UTH (Leading Organization)	 UNIVERSITY OF THESSALY
2	UNIVERSITATEA BABES BOLYAI-UBB	 UNIVERSITATEA BABEŞ-BOLYAI
3	ISTANBUL MEDENIYET UNIVERSITY-IMU	 İSTANBUL MEDENİYET ÜNİVERSİTESİ
4	SYZOI-Association of Parents, Guardians and Friends of Visually Impaired Children with Additional Disabilities	
5	Liceul Special pentru Deficienti de Vedere Cluj- Napoca	
6	AMIMONI -Panhellenic Association of parents and friends of visually impaired people with additional handicaps	
7	St. Barnabas School for the Blind	
8	ANSGA-Ayse Nurtac Sozbir Gunebakan Association for the Children with Multiple Disabilities with Visual Impairment and Their Families	
9	Blindeninstitut München/Maria-Ludwig-Ferdinand- Schule	
10	Mali dom-Zagreb dnevni centar za rehabilitaciju djece imladezi	



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1. The background of ErISFaVIA project

Families are unique systems and as such they need to be treated in unique way. The present document, named Policy Recommendation and Guidelines report, is a comprehensive overview of the ErISFaVIA project which addresses significant outcomes relevant to Early Intervention. This report is also addressed to all European Ministries of Health Care and Educational sectors since the ErISFaVIA project refers to UN Convention on the Rights of Persons with Disabilities in conjunction with the European Disability Strategy (2010-2020) which builds upon the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). In addition, the present project complements both Europe 2020 (the EU's strategy for smart, sustainable and inclusive growth) and the European Charter of Fundamental Rights of the Lisbon Treaty.

In a nutshell, the ErISFaVIA project analyses the needs of families who have children with vision impairment with additional disabilities (VIAD) including those who have deafblindness (DB), and advocates for their rights and good quality of life highlighting approved structure of early intervention services in combination with good practices.

The first part of this report includes ErISFaVIA project's purpose, partners and intellectual outputs which are based on important frameworks, action plans and policy documents.

1.1. The purpose

The ErISFaVIA project (Early Intervention Services for Families with Children with Vision Impairment and Additional Disabilities, Project No: 2019-1-EL01-KA201-062886) aimed to enable researchers and practitioners to combine and share their knowledge and experience in order to provide qualified and efficient early intervention (EI) services to families who have young children with vision impairment and additional disabilities. In order to manage this objective, the project consortium organizations aimed at the following sub-objectives.

- to develop an enriched and updated training material for professionals who work in EI programs,
- to promote the collaboration between universities, schools, institutions and associations of families who have young children with vision impairment and additional disabilities,
- to highlight best practices and guidelines for the development of effective EI services for children with vision impairment and additional disabilities.

1.2. The project consortium



ErISFaVIA, which was approved by the Erasmus+ Programme (Key Action 2), has a consortium which consists of six partner countries, totally 10 organizations. In specific, three of them are universities [University of Thessaly (leading organization)/Greece, University Babeş-Bolyai/Romania, and Istanbul Medeniyet University/Türkiye], two of them are special education schools for students with vision impairment (Liceul Special pentru Deficienti de Vedere Cluj-Napoca/Romania and St. Barnabas School for the Blind/Cyprus), and five of them are non-profit non-governmental organizations for persons and/or their families with vision impairment and additional disabilities (Amimoni/Greece, Syzoi/Greece, Ayse Nurtac Sozbir Gunebakan Association for the Children with Multiple Disabilities with Visual Impairment and their Families (ANSGA)/Türkiye, Blindeninstitut München Maria-Ludwig-Ferdinand-Schule/Germany, Mali dom/Croatia).

University of Thessaly (UTH): Founded in 1984, UTH is an important administrative and academic center in the city of Volos. It has been gradually growing with new Departments, totally 35 at five Faculties. UTH has a very successful accessibility (Prosvasi) center aims to support the students with disabilities and the university staff in order to overcome the physical, academic and social challenges and enhance the accessibility and inclusion in whole university. It has been and still is participating in a large number of national and European projects.

Babeş-Bolyai University (BBU): BBU is a public institution of higher education which is a multicultural, complex university and focuses on advanced researches. It has 21 faculties including the Department of Special Education (SED), Faculty of Psychology and Educational Sciences. SED involved many projects within the Erasmus+ framework as partner relevant to individuals with disabilities.

Istanbul Medeniyet University (IMU): Founded in 2010, IMU is a public body located on the Anatolian side of İstanbul. This innovative, entrepreneurial, society and civilization-oriented, international and research-oriented university consists of 11 faculties, 2 schools, an Institute of Graduate Studies, and a total of 16 research centers. IMU has projects from ECHO Program (European Civil Protection and Humanitarian Aid Operations), Erasmus+ Program, Horizon 2020 Programme (MC Individual Fellowship) and numerous national projects.

SYZOI: Established in 2007 in Thessaloniki-Greece with the initiative of 30 parents of children with multiple disabilities, SYZOI is a non-profit, non-governmental organization. The aims of the association are, starting and/or supporting the programs, centers, schools for and the vocational training of the children with visual impairment and additional disabilities (VIAD), providing social and psychological support for these children and their families, raising awareness in society about multiple disabilities, increasing educational and academic studies on this subject and, to be ensure that the constitutional rights of these children are protected and increased. It provides services related to EI programs include assessment, support and family supervision and also day care.

Liceul Special pentru Deficienti de Vedere Cluj-Napoca (Cluj-Napoca Special High School for the Visually Impaired): As the first institution/school at Cluj for the individuals with blindness, the school which was established in 1900, is also the first school in Romania which implemented



the educational programme for children with a vision impairment and multiple disabilities since 1999. The school has a very good collaboration with BBU and some of the international organizations such as Sense International in Great Britain, it has also been involving a lot of national and international projects.

AMIMONI: AMIMONI was founded in 1993 as a Nonprofit Organization by the parents of children with multiple disabilities. The goals of the association are to maximize each individual's independence in daily living activities, to gain their rights to be included both at special education schools which they were excluded from and, regular schools. AMIMONI offers its services to families with children with visual impairments (low vision or blindness) with additional disabilities (VIAD) in their four programmes: Early Childhood Intervention Programme (since 2004), 'Iris' Day Care Center (the first day care center in Greece for individuals with VIAD), 'Polichni' Guesthouse Educational Program (for children, aged over 8 years old, and adults with VIAD, since 1996) and lastly since 2012, 'Lilian Voudouri' Assisted Living Residence (which is the first life-long residence in the country). In addition to all of those services, AMIMONI has developed distant supporting services for both families and professionals which served throughout the Greek region in 2018.

St. Barnabas School for the Blind: The St. Barnabas School for the Blind was established in 1929, situated in Nicosia, Cyprus is the only educational institution of its kind. The current services of the school are for children with VI and also children with VIAD. Besides the service that the school provide, supporting the children at inclusive settings and at Higher Education Institutions, vocational training programmes for adults, training in the use of technology, training programmes for the professionals who work at the field, parents' education, psychological support and counseling, and an EI programme exist. This programme has multidisciplinary team approach with different kind of experts such as social workers, psychologist, special education teachers and various therapists (music therapist, occupational therapist, physical education, physiotherapist/kinisiologist).

ANSGA: Established by the group of parents who have children with multiple disabilities with visual impairment (MDVI) in 2010, ANSGA is the first and the only one association which has a main goal to support these children and their parents in Türkiye. The aim of the association is to advocate multiple disabilities (MD) as well as DB.

Blindeninstitut München: The 'Blindeninstitut München' is an Institute for the blind which provide services to individuals from birth, till about 21. They have EI programme, kindergarten, special school for children with blindness and VIAD, curative pedagogic day care center and a residential school. The institution is also providing support for the children with VI who are at inclusive settings. The staff consist of experts such as special education teachers, physiotherapists, occupational therapists, social workers, speech therapists, psychologists, art therapists and music therapists.

Mali dom: Mali dom-Zagreb was founded by the City of Zagreb as a local public institution, which provides services for children and youth with MD, especially VIAD. The center provides educational and psychosocial rehabilitation services such as day care center and EI program by



using the transdisciplinary programme. Mali dom conducted various projects for different international funding organizations and partners like IRC-(USAID), UNICEF, CBM, Perkins International program and it provides trainings and seminars for professionals in schools and institutions in other neighbor countries as well as for various experts in the field of working with children with MD. Mali dom consists of special education teachers, physiotherapists, occupational therapists, kinesytherapist, social workers, speech therapists, psychologists, art therapists and music therapists.

1.3. The deliverables/intellectual outputs

The deliverables/intellectual outputs of ErISFaVIA project were aligned with the goals of the project and all the objectives of the intellectual outputs have been successfully achieved. The table at below shows them at a glance:

Table 1. The intellectual outputs (IOs) of the ErISFaVIA project

IO Number	Title of IO	Leading Organization
IO 1	Design and creation of the project collaborative platform	UTH
IO 2	Literature review and needs assessment study	UBB
IO 3	Training material-Design and content	Mali dom & Blindeninstitut München
IO 4	Reflective logs and questionnaires	UTH
IO 5	Collation of case studies and research evidence	UTH
IO 6	Best Practices Guide	AMIMONI
IO 7	Dissemination and exploitation	All partners
IO 8	Policy Recommendations and Guidelines Report	IMU

2. Policy Recommendations

This part of the report aimed to help policy makers and stakeholders to become deeply aware in terms of the necessary services, effective programmes, approaches, materials and networks to support in the most effective way children with VIAD and DB and their families.



2.1. Early intervention services in the world: The current situation and the approaches

The objectives of approved EI programs are to secure and promote a child's potential and abilities for development, supporting the whole family through experts and other professionals from the field of Special Education. The experts can work with parents to build up partnerships and can support them by giving them factual knowledge, social and emotional support, and particular training if necessary. From a societal perspective, EI has been shown to be cost-effective, which means fewer older children will require special education services or other kinds of intervention services (Heward, 2014).

Three 'levels' of interventional support for child development were mentioned by experts in the field of early childhood intervention: a. universal programs, which are provided by society more broadly and have as population target all children between the ages of 0 and 5; b. targeted intervention programs for children at risk regarding developmental delay or disabilities; and c. specialized interventions for children with particular additional needs (e.g. community-based groups for caregivers of children with disabilities) (Guralnick, 2016). It is clear that universal services can gain more support from the general population, which helps to assure the quality of services delivered. It is commonly accepted, that services that are easily accessible, reasonably priced, and of high quality are essential prerequisites to moving children and families out of poverty when it comes to policymaking. Identifying the most cost-effective programs is a challenge. Participating all stakeholders in the production and evaluation of research and evaluation studies, as well as researchers in the policymaking process, is one potential approach. In light of the circumstances in various nations, four cornerstones need to be of concern: a. families and professionals require policy measures that are carefully coordinated in terms of implementation strategies, goals, and outcomes; b. policy measures should aim to support and ensure coordination of educational, social, and health services involved; c. overlapping or conflicting measures within or across services should be avoided; and d. creating regional and national Early Childhood Intervention (ECI) support centers that serve as a link between the policy, professional, and user (family) levels is one example of a policy measure (Kohli-Lynch, Tann & Ellis, 2019).

Early Childhood Education and Care (ECEC) refers to a collection of services or provisions for very young children and their families that are made available upon request at a specific stage of a child's development. These services/provisions cover any action taken when a child requires special support to ensure and enhance her or his personal development, to strengthen the family's own competences, and to promote the family's and the child's social inclusion. These interventions must be carried out in the child's natural environment, preferably at the local level, and with a focus on the family and multidisciplinary teamwork. Rich content and instructional techniques that have been demonstrated to help children's learning and development are provided. It focuses on subject-specific, age-appropriate knowledge and abilities that help children later develop in that field. It features rich content, which entails that it offers a wide range of experiences and activities that support kids' learning and growth. A research-based curriculum also provides a succession of learning opportunities based on children's developmental stages (Organisation for Economic Co-operation and Development [OECD], 2001).



With roughly one in 1000 school-aged children being classified as having a VI and even fewer numbers being blind, it is considered a low incidence disability in children (Sapp, 2010). Children with VI are very diverse, and children with DB and VIAD are much more so, with many of them also having other problems (Parker & Ivy, 2014). There is a lot of diversity within this disability group in terms of the sorts of additional disabilities that are present as well as the degrees of sensory loss, including vision and/or hearing loss. Significant VI and DB may also be related to other syndromes or medical reasons of intellectual disabilities (ID). Local service providers frequently fail to recognize sensory impairments at a young age and the effects of sensory loss on development. Within this multicultural group, significant communication delays and impairments are a regular occurrence.

From the aspect of development, intervention should start as soon as possible. Services may be provided in inclusive or home settings in addition to center-based schools or special education settings. EI programs' effectiveness results in: a. the stimulation of a child's physical and psychomotor development; b. an improvement in family well-being; c. long-term advantages for society; and d. the prevention of disabilities brought on by social and environmental disadvantage. Programs for EI help prevent subsequent impairments (Beirne-Smith, Ittenbach, & Patton, 2002).

Child-centered education is tailored to the child's needs and abilities and recognizes each child's right to gain from assistance from sources other than their families. Because there is such a wide range of children with various disabilities, the child-centered approach is tailored. Interventions that are family-centered put the family first, and a professional teaches the family specific parenting techniques they can employ with their child. EI programs and home-based programs frequently use the family-centered approach. A family-friendly strategy aims to prioritize the requirements of the student while taking into account the needs of the family as a whole (Durando, Chen, & Petroff, 2017).

Examples of commonly utilized EI programs having empirical and theoretical backing for children with developmental delays and impairments include:

- Fit for Me: Activities for Building Motor Skills in Young Children (Karnes, 1992).
- The Carolina Curriculum for Infants and Toddlers with Special Needs (Johnson-Martin, Attermeier, & Hacker, 2004).
- Play and Learn: A Motor-Based Preschool Curriculum for Children with All Abilities (Coleman, Sullivan, & Krueger, 2002).

EI programs for at-risk groups aid families in avoiding related secondary issues. One such program is 'Nurse Family Partnership' (Zeanah, Stafford, & Zeanah, 2005), which focuses on the bond between a child and their caregiver, attachment, training of family mediators who can promote the child's well-being, assisting parents in caring for their children, improving a child's behavior, preparing them for school, enhancing their academic performance, as well as work skills and the mental health of the parents. Other examples of family-centered programs are:

- Steps Toward Enjoyable, Effective Parenting
- Promoting First Relationships
- Sensitivity Coaching



- Home Visiting Family Support Program
- UCLA Family Development Project (Zeanah, Stafford, & Zeanah, 2005).

In addition to child-oriented and family-oriented early care programs, there are some programs which have another combination of both family and child based on the different aspects.

Other examples of EI programs are:

1. The CAPEDP (Compétences parentales et Attachement dans la Petite Enfance: Diminution des risques liés aux troubles de santé mentale et Promotion de la résilience) (Bowlby, 1982).
2. Pro Kind (Germany based bio-ecological model).
3. ZEPPELIN 0-3 with the Program Parents as Teachers (PAT) (Switzerland bio-ecological model).
4. The Intensive Care Program for Vulnerable Families to Prevent Institutionalization - P.I.P.P.I. (Lacharité, 2010).
5. The CARE programme (Browne et. al., 2006).
6. The Healthy Child Programme (Department of Health, England, 2009).
7. SafeCare Program (Lutzker & Bigelow, 2002).
8. Infant & Toddler Telehealth (Perkins School for the Blind, 2021)

Hence, based on the above and on relevant evidence-based data, the content of a representative and exemplary model of EI program may be summarized in Table 1 (Jungman et.al., 2017).

Table 2. The content of Early Intervention Programs (Jungman et al., 2017)

Child Health and Safety	Child Development
Prenatal health and well-being	Parental development
Preparing for labor and delivery	Physical/motor development
Immunization	Cognitive development
Breastfeeding and nutrition	Language development
Physical activity	Social-emotional development
Basic care: sleep, bathing, dressing child	Temperament/emotional regulation
Hearing/Vision	Brain development
Monitoring growth	Emergent literacy
Recognizing signs of illness	Play
Promoting well-care visits	
Dental hygiene	
Monitoring for signs of child maltreatment	
Child injuries, ingestion/poison	
Home safety review	
Parent-child relationship	Family Health and Development
Recognizing signs of attachment	Caregiver stress and mental health
Reading child cues	Caregiver physical healthy postpartum care



Parent (realistic/unrealistic expectations) of child Promotion of positive parent-child interactions	Domestic violence & family violence Caregiver substance use Social support Connection to community resources Parent life course development
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2.2. Structure of early intervention services

EI service delivery models focused on various and sometimes mixed aspects. For instance, the philosophy under an EI programme could be Piagetian (according to the developmental stages of his theory), behavioral, medical/diagnostic, neurobiological and etc. (Anastasiow, 1990; Bricker & Veltman, 1990; Bagnato & Neisworth, 1981), while the location/place of EI programme may vary. This variation of places called in such, a. hospital-based EI programmes, b. home-based EI programmes, c. center-based EI programmes and d. combined home and center-based early intervention programmes (Heward, 2014; Odom & Fewell, 1983). If the young child with VIAD has some serious health issues, he/she needs to stay at the Neonatal Intensive Care Unit (NICU) for a long period of time. So, for these infants, EI services should start at the hospital as soon as the medical team agree that the intervention would not be risk for the infants' lives (Glass et.al., 2015). If the infant is ok to discharge from hospital in couple of days after birth or it is safe for the infant to go home in couple of days or weeks, the EI services should start right away also. It is common sense that the needs of the homecoming infant who has VIAD or DB will be very complex, therefore it will be a very difficult task for parents to take care of him/her in an effective way. In addition to financial and psychological problems, the parents and most probably the other family members such siblings and grandparents face the shock of the situation. At that point, well planned, well organized and well implemented EI services at home and/or center could be life saver for all family (Ayyıldız, 2022; Berk, 2013; Heward, 2014).

Apparently, EI is team work and cannot be successful without the active involvement of the child's; hence, it is vital to ensure good collaboration and effectiveness. The different EI team work approaches are: a. multidisciplinary approach, b. interdisciplinary approach and c. transdisciplinary approach (Harbin & West, 1998; Woodruff & McGonigel, 1998). The multidisciplinary approach is quite obsolete and not really effective, because most of the time the health providers, educators and related special education service staff work separately. The early interventionist would not know much about the diagnosis and its consequences on the young child's health and vice versa. The interdisciplinary approach on the other hand, is better because the team members (early interventionist/special education teacher, physiotherapist, occupational therapist, psychologist, pediatrician, private nurse, etc.) meet from time to time (weekly or monthly) and discuss the situation of the child and the ecology around him/her (the family profile, the possibilities in the area where the child lives) and the prognosis of EI service. The problem with this approach is that every single team member contributes at these meetings as an expert of their own specialty. The pediatrician does his/her part, reports the prognosis of the child's health, but do not ask or discuss the educational part of the child's EI programme's goals. On the contrary,



transdisciplinary approach let all professionals cross the borders of their expertise in purpose and try to keep the communication, interaction and cooperation between them at the highest level. According to this approach, holistic perspective is important, so the child's health, development and education are considered by all team members and also the family is considered an integral member of the team. It is essential that all decisions taken for the actions of EI programme are agreed upon and are the responsibility of each of the team members. However, one of the team members could or should assume the role of *primary service provider* or *contact person* as the person who will maintain close relation with the child and family (Heward, 2014; Woodruff & McGonigel, 1998).

The partners from the ErISFaVIA project worked on the above principles of EI models, exchanged experience and knowledge during the project transnational meetings as well as during the on-line and on-site trainings/learning events, and ended up with some of the best practices in the field of EI which take place in the partners' countries and are in line with their policies and legal support services (see Table 3).



Table 3. The features of early intervention services provided by the partners of ErISFaVIA project

The partner/ The features of EI programmes	Existed legislation for EI services	Existed center or department	Name of the programme	Location of the programme	Team work approach	Tools and monitoring process*
AMIMONI	Yes, but not specifically for EI.	Yes	Early Child Intervention (ECI)	Home based	Multidisciplinary approach (Weekly basis meetings).	Transdisciplinary assesment for entry/ monitoring children’s development by the team.
ANSGA**	Yes, but not specifically for EI.	No				
Blindeninstitut München	Yes	Yes	Early Intervention	Center based	Interdisciplinary approach	Transdisciplinary assesment for entry, in order to monitor children’s development/ some home visits/periodic hosting of children in Day Care Center.
Cluj-Napoca Special High School for the Blind	Yes	Yes	The Early Intervention Project	Combined home and center based	Multidisciplinary approach	Transdisciplinary assesment for entry/ monitoring the progress by the team/meetings with families.
Mali dom-Zagreb	Yes, but not specifically for EI.	Yes	Early Intervention Program	Home based mostly, some center based activities	Transdisciplinary approach (Weekly basis meetings)	Entry, assesment and transition protocols/monitoring children’s development in every 3 to 6 months.
St. Barnabas School for the Blind	Yes	Yes	Early Intervention Program	Center based mostly, some home visits if necessary	Multidisciplinary approach	Transdisciplinary assesment for entry/ supporting children and families about transition and after transition.
SYZOI	Yes, but not specifically for EI.	Yes	Early Intervention (EI) Program	Home based	Multidisciplinary approach	Transdisciplinary assesment for entry, twice a year observation-assesment tools, and educational plans revision, monitoring the progress by filling out record sheets.Giving support the families who live far away by telephone or by online meetings.

* Detailed information about these processes could be found at ‘Scoping, Literature Review, Needs Assessment Study’ report at the project website as an open access resource (it is the IO2 of the ErISFaVIA project).

**ANSGA managed to conduct both center-based and home-based EI services for a short period of time with the support of the ErISFaVIA project. The further EI works will be conducted with the collaboration of IMU after the completion of the ErISFaVIA project.

3. Policy Guidelines

This part of the report presents a SWOT Analysis of EI services and good practices examples based on the ErISFaVIA project partners.

3.1. The important issues and challenges

The important issues and challenges are shown at the Figure 1 below. This is a SWOT Analysis for the early intervention services for young children with VIAD and their families:

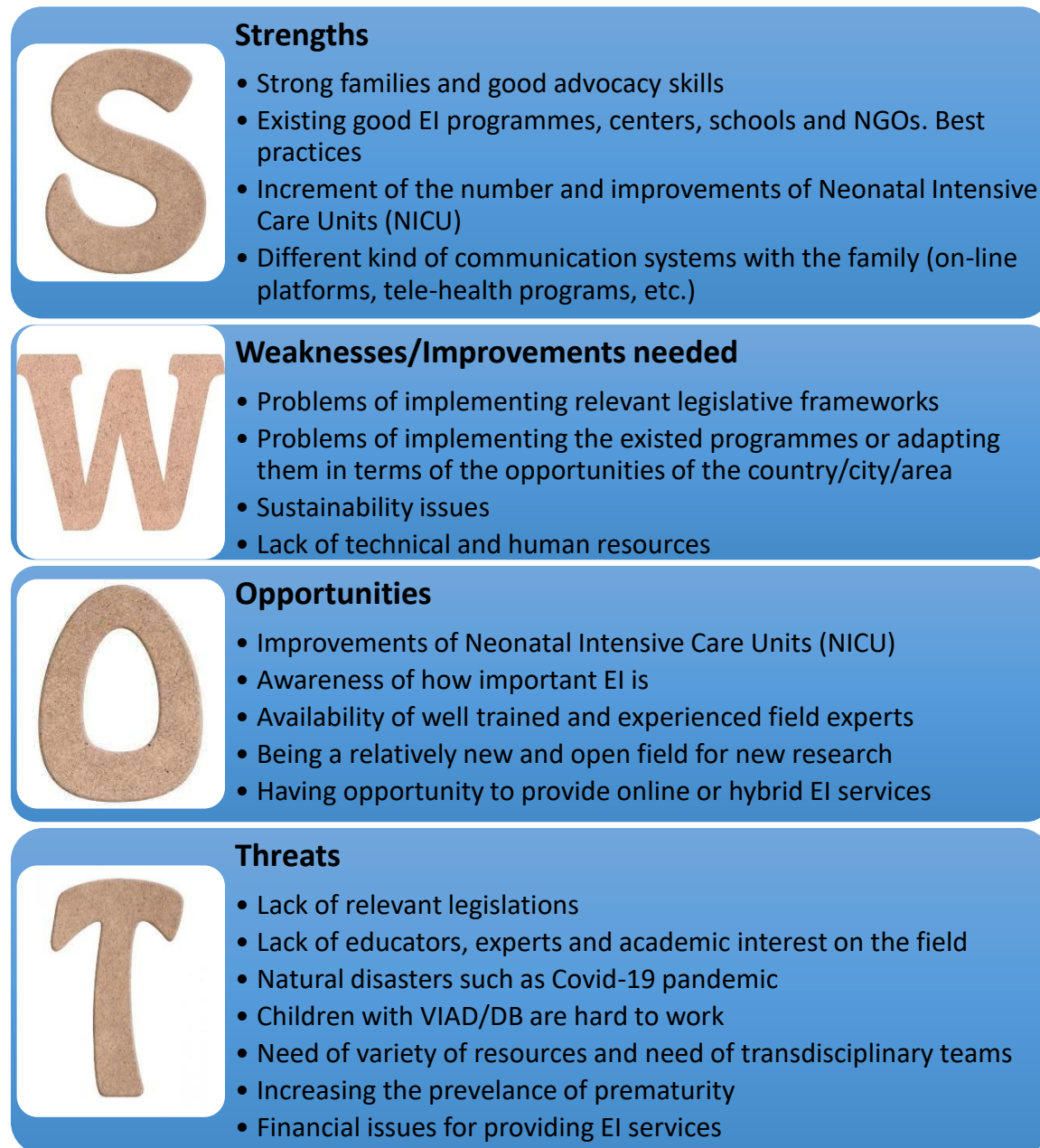


Figure 1. The SWOT Analysis of Early Intervention Services



3.2. Examples of Good practices-Insights from the partners' organizations

The 'Scoping, Literature Review, Needs Assessment Study' report of the ErISFaVIA project (IO2) as well as the 'Best Practices Guide', provide insights into the reasons why these organizations (centers and schools) which are providing EI services, from different countries are successful. The following items are explaining these reasons:

- These organizations have clear-structured and clear-stated protocols for EI services regarding eligibility issues to support children with VIAD from 0 to 3 years old including their families.
- Almost all organizations have collaborative teams, following either interdisciplinary or transdisciplinary perspective.
- Although most of the organization provide EI services as home-based, almost every single one organized some activities at their center also. If the organization provides center-based services, they organize home visits from time to time in order to keep good relationship with the family and monitor the progress of the educational plan.
- The team members are experienced experts such as early interventionists/special education teachers, physiotherapists, occupational therapists, social workers, speech therapists, psychologists, art therapists, music therapists etc.
- The organizations use different and convenient assessment and monitoring tools such as Portage Scale, The Griffith Mental Development Scales The Oregon Project for Visually Impaired & Blind Preschool Children: Skills Inventory 0-6 years, Lea Vision Test System, Observation of Functional Vision, observation scales of the development of children with vision impairment, assessment tools of functional vision, Tactual Profile (Royal Visio), Bielefeld Observation Scales (BOS-BLIND), Elementary Visual Perception Assessment Scale, Advanced Visual Perception Assessment Scale for children with visual impairment and Developmental Observation Tool for Children with Visual Impairments, Modified version of Project Dakota etc. The project's 'Best Practices Guide' also showed that specific methods such as Tadoma, Bobath, Snoezelen, hands on/under hands and sensory integration technics; various objects, toys and images with various colors, textures and contrast; play (physical, dramatization) and diverse activities (turn taking, take-give, sequence, music, arts and crafts); body movements, mimics; sounds from the environment as well as the person', objects sounds; sensory/audio/tactile cards and books and creating and following routines are very useful and have been using by the partner organizations' teams.
- The partner organizations participated at least one national and/or international project regarding of EI services.
- The EI team members have opportunity to in-service trainings as well as visiting the other countries in order to expand their knowledge about the field.
- The fact that Covid-19 pandemic extreme effects on education, EI services are provided as hybrid services (face-to-face and online) or only online services by almost all organizations for a considerable period of time. Some of the partner organizations are



still using the opportunities of benefits of online or hybrid teaching and learning. It is also the fact for the professionals' trainings. According to the reflective logs results at project's 'Best Practices Guide', the trainings which were provided for professionals were very effective and impressive even though they were hybrid. For instance, totally 153 reflective logs were selected and analyzed at this project. The results suggested five main themes about EI. These are, a. intervention criteria, b. intervention place, c. intervention tools, d. intervention challenges and e. monitoring intervention (For more information, see 'Best Practices Guide' report).

- The importance of exchanging knowledge, experiences and also mentoring the other experts inside and outside the team and use reflective logs for every single child with VIAD and/or DB regularly, seemed that these are also very crucial and influential in developing the competences of professionals.

4. Recommendations

1. VIAD and DB should recognize as medical diagnosis, therefore children who have these disabilities as well as their families could reach the necessary services, especially EI, at very early ages. Since assessing and improving functional vision and/or hearing, promoting the daily living skills and sensory motor integration, and so on, EI services are vitals for children with VIAD and DB.
2. Precautions should be taken in the context of effective use of evidence-based assessment and EI programs specific to children with VIAD and DB. For example, as will be seen in the next recommendation, training qualified teachers as well as experts who have the knowledge and experience to work with these children would be a good precaution. In addition, existing programs for other severe disability conditions (for example, low-functioning autism, severe and profound intellectual disability) can be reviewed, and the most effective ones can be adapted as some EI programmes for these individuals.
3. Carrying out pre-service and/or in-service trainings to train teachers and experts is also an important point. Hybrid learning which combines face-to-face and on-line training turned to be an extremely productive training method in the ErISFaVIA project. It is a training method which includes theoretical elements and offers hands-on experience (see ErISFaVIA Best Practices Guide). For instance, alternative and augmentative communication (AAC) systems and assistive technologies should be used especially in the EI services of young children with VIAD and DB.
4. Financial and ethical support programmes should be created and implemented for the families of these children. For example, support groups should be started to provide their services to families with newly diagnosed young children with VIAD and DB as soon as possible. Also psychological support which is crucial for the families in order to learn and strengthen coping strategies should be planned from the very beginning. All families, regardless of their financial situation, should have access to these services equally.



5. Family-oriented trainings should be expanded and the family should take an active role in the process of supporting the development of their child in planning and maintaining his/her education.
6. The main goal should be the gradual progression of intensive individual education at home, which starts at an early age, towards inclusive environments. After school age, systematic planning need to be designed to develop children's vocational skills and to establish support networks for their transition to independent living. This procedure is extremely important and helpful for children with VIAD and DB and should be among the main goals of policy makers.
7. It is important to disseminate special education in early childhood undergraduate and post-graduate programs as well as to conduct courses and theses in these programs related to young children with VIAD and DB.
8. Assistant teachers/aids (paraprofessionals) should be trained, and these professionals should be provided with the opportunity to work in the system officially by policy makers.
9. Transdisciplinary team works should be expanded. In this context, trainings should be organized for all professionals (i.e. medicine, education, etc.) providing services to these children to acquire similar knowledge and also experiences at certain levels, and to provide services "under one roof" as much as possible. If it is not possible, a good collaborative system should be established and coordinated in order to provide effective and qualified EI services.

5. Conclusion

It seems that combined home- and center-based EI services tailored by transdisciplinary teams constitute the best working framework to support families who have young children with MD, VIAD and DB or to support families who have children at risk in terms of their general development. Many global and European organizations, such as WHO, UNICEF, the European Association of Service Providers for Persons with Disabilities (EASPD), Eurllyaid-The European Association on Early Childhood Intervention (EAECI) and the European Early Childhood Education and Care (CARE) as well as many researchers underscore with emphasis the underdevelopment of EI services. According to them, factors such as prematurity, poverty and other health issues, developmental risks, lack of EI services combined with limited or non-existent relevant legislation and/or decrees, reinforce the phenomenon of the appearance of more and more such families who have children at risk. This is a threat worldwide and the countries (the public bodies, society and NGO's) need to support these children and their families as soon as the diagnosis comes along. Therefore, we need support and resources for these services. The families of these children have to improve their self-advocacy skills. Everyone needs to know that the earlier these young children have opportunities of EI services, education and medical care, outcomes will be better both for them and their families and for the society in general.



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