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BUILDING A BRIGHTER FUTURE

A WHITE BOOK TO ADVANCE EARLY CHILDHOOD INTERVENTION IN EUROPE

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Introduction

This white paper aims to support evidence-based policymaking in Early Childhood Intervention (ECI) across Europe. Drawing on the findings of the **Erasmus+ EarlyBrain project** and country-level policy analysis, it proposes concrete recommendations to advance a universal, inclusive, and coordinated model of ECI.

Research in neuroscience shows that a child's early development is profoundly influenced by their environment. Early relationships shape cognitive, emotional, and social development, laying the groundwork for future health, learning, and social participation (Shonkoff & Phillips, 2000). Supportive, nurturing, and responsive surroundings are therefore essential to optimal brain development.

ECI refers to services that support young children who have, or are at risk of, developmental delays or disabilities due to biological or environmental factors. Despite broad agreement on its importance, ECI systems in many countries remain fragmented, overly medicalised, and lacking family support. Unequal access, especially in disadvantaged areas, undermines children's rights to timely, coordinated care.

The implementation of contemporary ECI requires systemic changes in training, service delivery, and funding. Bridging the gap between ECI's conceptual evolution and real-world practice remains a priority to ensure all children receive the best start in life. An up-to-date, coherent, and evidence-based policy framework is essential to guide public action, strengthen intersectoral coordination, and guarantee equity and quality in early intervention. Achieving this vision demands strong political commitment and inclusive, consensus-based strategies.

EarlyBrain, a 36-month Erasmus+ project launched in 2022 and coordinated by **IRENEA–Institute of Neurological Rehabilitation of Vithas Hospitals**, brings together partners from Belgium, Italy, and Spain[1]. Its goal is to empower families and professionals to respond to developmental challenges in children aged 0 to 6 and to promote diversity and inclusion. Through narrative-based tools and practical materials, it fosters early support and awareness.

In this sense, the document serves as an advocacy tool through a consistent definition of ECI and a cross-country policy analysis based on national factsheets. It identifies shared challenges and promising practices across targeted countries, namely, Belgium, Italy and Spain. The analysis supports the development of actionable recommendations addressing EU and national policymakers and citizens.

[1] The European Association of Service providers for Persons with Disabilities (EASPD) in Belgium, the Istituto di Gestalt HCC Human Communication Center Italy (GESTALT), and the Telice Magnetic Anomaly Foundation in Spain.

What is Early Childhood Intervention?

Early Childhood Intervention in policy and research

Early Childhood Intervention (ECI) supports the development of children at risk of, or with developmental delays and disabilities due to biological or environmental factors.

Traditional approaches in ECI focus on individual, **medical-based** treatment in **rehabilitation settings**, often excluding parents and addressing the child's "deficits". Over the past five decades, ECI has shifted to a more **holistic, ecological approach** that involves and empowers parents and considers the child's family, environment, and relationships. This shift was grounded in evidence that warm and responsive caregiving is essential for a child's emotional security and cognitive development (Bowlby, 1982).

Researchers such as Dunst and McWilliam promoted **family-centred practices**, emphasising **strengths-based** and **participatory** methods (Dunst, 1985; McWilliam, 2010; Dunst, Trivette, & Deal, 1988) and promoting tools such as the Ecomap (Hartman, 1978) and routines-based interventions (McWilliam, 2010) to map social networks and embed learning in everyday family activities. Frameworks like the **ecological systems theory** (Bronfenbrenner, 1979) and the **developmental systems approach** (Guralnick 2001, 2019) further emphasised the interplay of caregiving quality, family relationships, and service integration. Contemporary ECI is thus grounded in evidence-based, inclusive practices tailored to each child's context.

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This evolution aligns with an international **rights-based policy framework.** The UN **Convention on the Rights of the Child** (UNCRC) affirms children's rights to development and education, calling for early, inclusive support (UN, 2006). The UN **Convention on the Rights of Persons with Disabilities** (UNCRPD) strengthens this by mandating **early identification, comprehensive services**, and **community inclusion** for children with disabilities (UN, 2006).

The **EarlyAid Manifesto** (1993) was the first EU-level advocacy initiative to define ECI as a combination of child-focused and parent-oriented activities from prenatal stages to school age including phases such as identification, diagnosis, guidance, and training. The **European Agency for Special Needs and Inclusive Education** (EANSIE) country analysis (2003-2010) led to key policy messages calling for comprehensive strategies, quality standards, funding and staff to set up universal and inclusive ECI systems (2011). EASNIE also advocates for universal access to education, particularly for children with disabilities or special needs (EASNIE, 2017) highlighting the role of ECI in fostering inclusion . The **European Association of Service Providers for Persons with Disabilities Position Paper** emphasises key characteristics of ECI, that is crucial for the process of **deinstitutionalisation**, and requires the full cooperation between the health, social, and education sectors (EASPD, 2022).

The WHO, UNESCO, UNICEF, the OECD, and the World Bank, do all agree on the crucial role of early learning for all children through publications and initiatives that underpin ECI.

UNICEF underlines that over **5 million children are at risk of developmental difficulties,** but systems for monitoring child development and early intervention are weak, fragmented and poorly organised (UNICEF 2024). The organisation took initiatives to support the creation of ECI systems in countries such as Croatia, Czech Republic, Serbia, Montenegro, North Macedonia, and Georgia by providing methodological guidelines (2022) and conducting actions to strengthen national systems.

The **OECD** also (2001, 2006, 2012, 2015) highlights that inclusion in **ECEC supports at-risk children and families**, promoting early identification of special educational needs, and enhancing educational opportunities.

The **EU Strategy on the Rights of Persons with Disabilities** (2021–2030) and the **European Care Strategy** (2022) promote a **preventative, community-based approach,** highlighting the role of ECI in **preventing institutionalisation** and in supporting families.

Finally, the **European Child Guarantee** (2021) aims to ensure access to key services for children in need, including those with disabilities. As part of this effort, EU Member States developed **National Action Plans** (NAPs). Some, like Bulgaria, have explicitly included Early Childhood Intervention (ECI), building on pilot projects that offered home visiting, ECI services, and inclusive preschool education across several municipalities.

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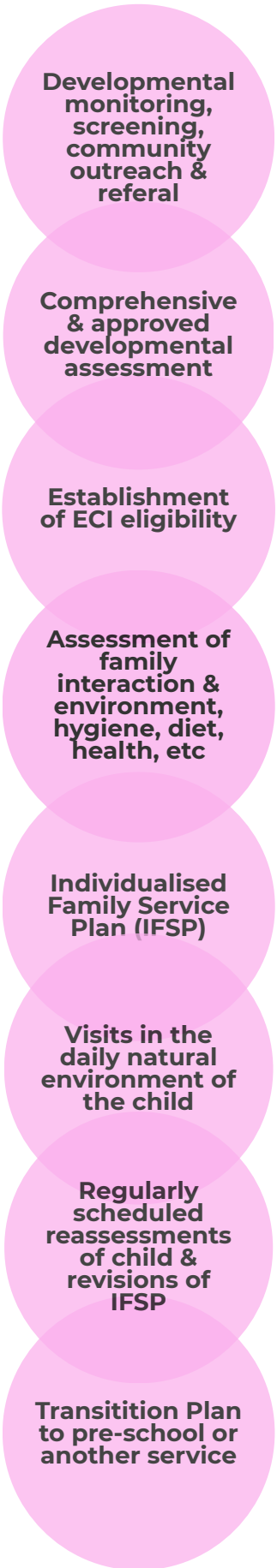
A modern ECI system is collaborative, family-centred, and context-responsive. It delivers individualised, intensive and transdisciplinary services across sectors for the child grounded in multidisciplinary teamwork, individualised planning, and support integrated into daily life (Oser & Ayankoya, 2000). A coherent policy framework aligned with these principles must treat ECI as a **fundamental right** and a key strategy to reduce inequalities from the earliest years.

2.2 Characteristics of ECI

Characteristic	Description
Early and continuous	Begins as early as possible, ideally shortly after birth. Early assessment ensures timely support with the greatest potential for positive impact.
Family-centred	Families are equal partners in the planning and delivery. Support is shaped around their needs, rights, and priorities. Families are central to decision-making.
Individualised	Support is tailored to the specific strengths, needs, and goals of each child and family, based on regular assessments.
Context-responsive	Services take place in the child's natural daily environments, such as the home or community, to reflect real-life routines.
Coaching-based	Families receive hands-on guidance and encouragement from professionals to support their child's development in everyday situations.
Social model of disability	Focuses not only on the child's needs but also on the family's wellbeing and the broader social and environmental context.
Intensive and flexible	Support is frequent and adapted to changing needs over time, with scheduled visits as necessary.
Accessible, available and affordable	Services are provided as close as possible to the family's home and should be easy for all families to reach and use, ensuring that they are both available across territories and affordable for all, regardless of socioeconomic status.
Transdisciplinary and team-based	Professionals from different fields (e.g. health, education, social care) work together around one integrated plan, with one key contact for the family.
Integrated across sectors	ECI connects services across health, education, and social protection to deliver a coordinated and unified approach.
Evidence-based	Support strategies are informed by research, child development knowledge, and continuous monitoring and evaluation.
Child-focused and rights-based	The child's best interests and participation are central. Interventions are respectful, inclusive, and responsive to children's views and reactions.

The provision of ECI generally includes these main elements [2]



[2] The following literature is used to describe the model in Portugal: Dr. Jose Boavida. (2022). Presentations delivered during a webinar series organized by UNICEF in partnership with Eurlyaid, as well as Eurlyaid. (2016). Recommended practices in Early Childhood Intervention: A Guidebook for professionals.

2.3 Keywords

Developmental delay

A condition in which a child does not reach developmental milestones within the typical age range in areas such as motor skills, speech, cognition, or social-emotional development.

Developmental risks

Biological and psychosocial conditions that pose risks to optimal development. Biological risks may include premature birth, low birth weight, malnutrition, infectious diseases, and genetic disorders. Psychosocial risks may include poverty, maternal depression, child–caregiver interaction problems, primary caregiver loss, illness and/or stress, institutionalisation, social discrimination, violence, and displacement. Developmental risks may be multiple and combined. A child with risk may not yet demonstrate difficulty or delay.

Disability

A physical, sensory, intellectual, or emotional long-term condition that may limit a child's functioning and development, often requiring adapted support.

Deinstitutionalisation

A policy and practice that shifts away from placing children in institutional care, towards supporting them in family and community-based settings with appropriate services.

Early identification

The determination of the presence of a disability or a developmental delay.

Evidence-based practice

Interventions and strategies supported by rigorous research demonstrating their effectiveness in improving developmental outcomes for children and support for families.

Family-centred practice

An approach that values families as key decision-makers and collaborators in planning and implementing interventions that align with their values, routines, and priorities.

Individualised Family Service Plan (IFSP)

A personalised plan developed collaboratively with families to outline the goals, services, and strategies tailored to the specific needs and strengths of the child and the family.

Transdisciplinary team

A group of professionals from various fields (e.g., health, education, social work) who collaborate to assess, plan, and deliver integrated ECI services.

Routines-based interventions

Interventions that are focused on naturally occurring activities in the family's and the child's daily life.

Routines-based interview

A semi-structured clinical interview about the family's day-to-day life, focusing on the child's engagement, independence, and social relationships. It is designed to help families decide on outcomes/goals for their individualised plans, to provide a rich and thick description of child and family functioning, and to establish an immediately positive relationship between the family and the professional.

2.4 International inspiring practices in ECI

Portugal, National System of Early Intervention (SNIPI)

Responsible organisation:

SNIPI is a national programme involving the Ministries of Education, Health, and Labour, and Social Solidarity. National committee and regional subcommittees coordinate actions, creating tools and regulations, promoting training and research, developing action plans, and managing resources, information, and databases.

Website/contact: www.snipi.gov.pt

Date of implementation:

Developed starting from the late 1990s, known since the 2009 reform as the National System of Early Intervention (SNIPI).

Target group:

Children from 0 to 6, at risk of or developmental delays and disabilities due to biological, environmental, or social factors and their families.

Description of the practice:

- Ensuring universal and local access to ECI services for all eligible children.
- Early screening, identification of children at risk, and individualised support.
- Family-centred practice.
- Development of routines-based trans-disciplinary Individualised Family Service Plans (IFSPs).
- Local Intervention Teams (LITs), made up of educators, therapists, psychologists, and social workers, develop and implement IFSPs, with a case manager as a single point of contact.

Strengths & Positive impacts	Challenges & Barriers
A nationally coordinated model not bound by geography. Community-based services ensure continuity and help prevent dropouts. Transparent allocation of resources to each child and family Strong community engagement, supported by ECI professionals representing three ministries. Cost-effective delivery of services.	Need for full collaboration and commitment from three ministries; withdrawal of support from any one is a risk for the system to fail. Specialised professionals may feel a loss of decision-making power as families have the final say, and may have limited opportunities to deepen their specialisation due to the transdisciplinary approach. Frequent turnover within local ECI teams.

Potential for transferability:

The transferability of SNIPI depends on factors like the balance between public and private involvement in ECI, and which ministries oversee it, health, education, or social services. What should be transferred is not just the services but the family-centred, holistic approach that supports child development within the context of family and community. Ensuring universal access, regardless of socio-economic background or location, is a core principle. Successful adaptation requires a situational analysis of the local context, including service delivery, funding, sector responsibilities, and system strengths and gaps. In sum, SNIPI offers a strong model, but effective transfer depends on tailoring it to local conditions while preserving its inclusive and holistic foundations.

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Ukraine, Early Childhood Intervention service

Region/city:

Ukraine

Responsible organisation:
Ukrainian Association of Early Intervention (UAEI).

Website/contact: https://uaei.org.ua/

Target group:

Families with children with developmental delays, disabilities and at risk from 0 to 4, early intervention specialists.

Date of implementation:

It started in 2000 by the Consortium of Ukrainian ECI organizations and transformed into the All Ukrainian Association of Early Intervention in 2023.

Description of the practice:

- Routines-based, family-centred, and relationship-based approach aiming to enhance child participation, improve family quality of life, parental self-efficacy and social connections.
- It provides support throughout the early intervention cycle, (initial contact, assessment, development, implementation, and monitoring of the IFSP, transition to post-ECI services).
- Use of community social networks fostering long-term family engagement.
- Support is provided to both parents and siblings.
- Methodologies include routines-based interviews, coaching, hands-off techniques, and collaborative observation.
- Use of video-based and multimedia tools for parent training.
- Ongoing training and supervision to ensure quality service delivery and staff development.

Strengths & Positive impacts	Challenges & Barriers
Participatory and inclusive. Functional, meaningful goals for the child and family. Comprehensive, holistic Training by international experts in the latest evidence-based methods.	Additional, long-term training of ECI professionals is needed. Raising awareness and paradigm shift towards family-centred ECI.

Potential for transferability:
The fact this practice evolved in Ukraine, despite the war context shows that when there is solid training and understanding of contemporary ECI, is a proof of its transferability potential.

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The Basics, United States, Brazil, Australia

Region/city:

Boston, New England, Brazil, and Australia.

Responsible organisation:

Basics Learning Network (BLN-The Basics, Inc.) NGO.

Website/contact: https://thebasicsboston.org/

Date of implementation:

It started in 2015 at Harvard University and in 2017 became its own Non-Profit.

Target group:

Children, Families, Advocates , Expectant mothers.

Description of the practice:

- Helps communities support caregiver-child relationships, including in marginalised communities.
- Research-based.
- Starts from birth, often involving health and support professionals
- Shares practical resources (videos, tip sheets, toolkits) in community settings, online, and via media, twice-weekly texts with science-based facts and tips for ages 0–5,
- Encourages participation through peers and trusted community members via workshops and conversations.

Strengths & Positive impacts	Challenges & Barriers
Growing commitment of organisations. Adoption by caregivers in daily routines. Impact monitoring through case studies, annual staff surveys, and parent feedback	Funding.

Potential for transferability:

The practice has expanded from the US to Australia and Brazil.

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3. Country Factsheets

This section presents the general policy context, good practices and an analysis identifying strengths, gaps, challenges and providing recommendations for ECI in Belgium, Italy and Spain.

3.1 Belgium

3.1.1 General policy context

Belgium lacks a single national definition of ECI, but **regional and federal initiatives align with the UNCRPD and UNCRC principles.** Both the **Interfederal Disability Strategy (2021-2030)** and the **Federal Disability Action Plan (2021-2024)** include actions to promote inclusive education. Belgium also adopted a **National Action Plan for the European Child Guarantee (2022–2030)** to support children in need, including those with disabilities. A new federal disability plan should shortly be adopted by the new Belgian government that started in January 2025.

Belgium's federal system divides responsibilities; communities manage childcare and education, while regions handle family support and disability services.

In **Flanders**, childcare (under 2 years old and a haft) is overseen by the Ministry of Care and the Agency Child and Family, which helps parents navigate diagnostics, therapies, and coordinates support. Education (above 2 years old and half) falls under the Ministry of Education; and disability services under the **Flemish Agency for People with Disabilities** (VAPH).

In the **French Community**, the Birth and Childhood Office (ONE) manages childcare and preventive care, guides families, and connects them to psycho-medico-social networks. Education is handled by the Ministry of Education; and the **Agency for a Quality Life** (AViQ) supports welfare and health services (prevention and health promotion, mental health services, nursing home, etc.), disability services, and family allowances.

In the **Brussels region**, Iriscare coordinates social protection, and PHARE provides services for persons with disabilities, including early intervention and daycare. Wallonia and Brussels regions coordinate early support from pregnancy, providing educational, psychological, social, and technical assistance.

Financial support to families includes child benefits and specific allowances in Flanders and regional family allowances in Wallonia and Brussels based on income, family composition, and child's needs. The Flemish Community, Wallonia and Brussels also offer a **Personal Assistance Budget** (PAB) for children with disabilities to help organise and fund assistance at home or school, highlighted as a measure to improve children's transition from institutional care to high-quality community or family care. However, limited funding and long waiting lists challenge effective implementation. The PAB is even about to disappear in Brussels following a recent political decision.

ECI generally refers to services supporting the development and well-being of young children, especially those with developmental challenges and **early identification** of risks and developmental issues is encouraged through mandatory health and developmental screenings, including programmes for congenital anomalies and deafness. However, **institutional care remains the primary form of care** for children without parental support in Belgium. According to the **"Opening Doors for Europe's Children"** campaign in 2018, there were 5,583 children in institutional care in the French community and approximately 2,031 of these children had a disability. In Flanders, there were 7,917 children in institutional care of whom 7,286 were children with disabilities. In its **2024 concluding observations on Belgium,** the UN Committee on the Rights of Persons with Disability raises that Belgium has failed to implement any plans for deinstitutionalisation.

Inclusive childcare is strengthened by dedicated support teams working directly with early childhood services usually in a partnership between non-for-profit organisations and public entities. In the **Flemish Community**, **Centres for Inclusive Childcare** receive funding to offer proactive support to parents and staff, including the employment of inclusion coaches. In **Wallonia, Mobile Inclusion Support Services** are subsidised teams that assist early childhood settings in promoting inclusion and diversity. In **Brussels** too, **OCAPI is a mobile team** that supports childcare professionals to include children with disabilities. All those practices aim at empowering childcare professionals to have more inclusive settings and at enabling parents of children with disabilities to find a suitable childcare.

Since the **ECEC system is divided between childcare and education sectors**, professionals may have different qualifications, working conditions, regulations, and opportunities for professional development. In all communities, the vision is to work with every child's strength and weakness rather than going into the details of specific disabilities. Continuous training for childcare staff is foreseen and decided at the level of the single establishment and based on available offers, which may, or may not, cover disability as a topic.

In Flemish-speaking schools, the **M-decree (2014)** promotes inclusive education, aligning with the UNCRPD. In French-speaking schools, the **Pact for Excellence in Education (2017)** aims to better support students with disabilities. Despite these efforts, the UNCRPD Committee **notes** that **Belgium has the highest percentage of students in special education in the EU.**

The following section showcases mostly NGO-led initiatives that see family and parents as key partners for fostering the development of children with disabilities. Those practices offer various services with the aim to empower both the children, through inclusive education, leisure and socialisation, and the parents with targeted workshops or peer-support. Most of the practices also provide training for professionals in the care, educational or leisure sectors to bring a more inclusive approach to mainstream services.

3.1.2 Best policies and practices

Parents network "De Ouders"

Region/city:

Flanders, Belgium

Responsible organisation:

De Ouders (the parents)

Website/contact: **https://www.deouders.be/** ; **info@deouders.be**

Date of implementation:

The Facebook group has been created in 2018.

Target group:

Parents of children with disabilities.

Description of the practice:

- Volunteer-based network of parents of children with disabilities. Around 1000 families and 16 parents are now involved in coordinating the network.
- Family-centred and bottom-up approach.
- Online page and Facebook group aimed at informing, connecting, and empowering parents at various stages such as “suspicion of a disability,” “after diagnosis,” etc.
- Monthly webinars and infosessions, free for parents, around €30 for professionals.
- Expedition Inclusive game encourages interaction between children with and without disabilities, available online and to be borrowed in Flanders and Brussels.
- Funded by sponsors, private donations, and philanthropic contributions.

Strengths & Positive impacts	Challenges & Barriers
Inform, connect, and empower around 1000 families. Coordinated by parents of children with disabilities themselves, ensuring a truly family-centred approach. Flexibility and variety of services provided : on demand webinars, a facebook group, in-person activities, etc. targeted for parents, grand-parents, siblings, etc.	The largely volunteer nature of the organisation also means potential capacity challenges. Potential challenges in maintaining active engagement from all parents.

Potential for transferability:

The practice is easily transferable to other contexts or localities. The initiative of creating a group and connecting with parents experiencing similar barriers and questions is a simple step that can then lead to an established network. Similar practices already exist in the French-speaking community of Belgium that empower parents of children with specific disabilities such as children with autism or children with multiple disabilities.

EarlyBrain Toolkit

KOALA project - Meeting and day care centres

Region/city:

Flanders and Brussels, Belgium

Responsible organisation:

Opgroeien (Growing Up) – governmental agency responsible for family policy, child care and youth care in Flanders and Brussels ; VBJK - Vernieuwing in de Basisvoorzieningen voor Jonge Kinderen (Centre for Innovation in the Early Years)

Website/contact: **https://www.opgroeien.be/aanbod/preventieve-gezins-en-jongerenondersteuning-pgjo/huis-van-het-kind/koala; tine.rommens@opgroeien.be**

Date of implementation: 2018 – 2028

Target group:

The focus is on families in socially vulnerable situations, starting from pregnancy until the child reaches the age of 3.

Description of the practice:

- KOALA is an acronym in Dutch for 'Child and Parent Activities for Local Poverty Reduction'.
- It is an integrated service for families combining group activities for families and qualitative child care for babies and toddlers. It supports parents, promotes child development, fosters family inclusion, and supports Dutch learning in multilingual families.
- Family-centred, bottom-up and integrated approach.
- One of the purposes is to lower thresholds to formal childcare services.
- The project provides children with better opportunities and empowers the entire family by building a broad and strong network of support.
- KOALA is funded through a public-private partnership, (core support from the Flemish government complemented by Fonds Vergnes and the King Baudouin Foundation).
- It operates in 18 cities and municipalities across Flanders and Brussels, in neighbourhoods with a higher child poverty rate.

Strengths & Positive impacts	Challenges & Barriers
Provides a rich environment to support child development. Expands support networks by connecting vulnerable families with local resources and with each other. Prioritises parent engagement and feedback. Inputs-based improvements (e.g. flexible childcare). Increases parental satisfaction and involvement.	Limited period of 10 years and targeted nature of funding that could restrict scalability or continuity. Limited to 18 neighbourhoods in Flanders and Brussels. No expansion is planned in the near future. Challenge in continuing the support for families, for example once their children grow older or when they need support in different domains of life.

Potential for transferability:

The KOALA initiative's core principles of co-creation, trust-building, and cross-sectoral collaboration can be easily transferred. An extensive description of practice is available. Even though the initiative is not focused on children with disabilities, like other vulnerable groups, parents of children with disabilities may mistrust institutions due to past exclusion. Offering informal group activities (e.g., playtime, storytelling) can build comfort and open doors to formal childcare services.

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Inclusive Ludothèque (Toy Library)

Region/city:

Woluwe-Saint-Pierre, Brussels, Belgium

Responsible organisation:

Luape ASBL (Association Sans But Lucratif)

Website/contact: https://www.luape.org/ ; info@luape.org **; +32 2 772 75 25**

Date of implementation:

Luape has activity reports from 2019 to today.

Target group:

Children and adults with or without disabilities, their families and caregivers, professionals working in childcare, education, and leisure sectors.

Description of the practice:

- Non-for-profit organisation dedicated to promoting inclusive play.
- Family-centered and inclusive approach, focusing on providing accessible play opportunities through a diverse range of adapted games, encouraging participation from all with or without disabilities.
- The services include:
- A Ludothèque (Toy Library) offering over 1,900 games suitable for all ages, including a space designed for sensory stimulation
- Play sessions open to all, supervised by facilitators and ergotherapists
- A support service to find inclusive leisure activities, after-school and holiday activities for children
- Training for schools, and leisure professionals

Strengths & Positive impacts	Challenges & Barriers
Promotes access to games and pleasure. Provides an environment where children with and without disabilities can play together. Equips families and professionals with the tools and knowledge to support children's development.	Financial sustainability. Growing demand for services and limited capacity. Infrastructure and space constraints. Aim to strengthen partnerships and improve communication strategies.

Potential for transferability:

Key elements that have potential for transferability are the establishment of toy libraries and accessible play spaces as well as inclusive leisure activities and training programs to equip professionals.

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3.2 Italy

3.2.1 General policy context

Italy's legal and policy framework for supporting children with disabilities is grounded in several key laws and national initiatives. However, the availability and quality of services often depend on local government capacity, leading to geographical disparities.

The cornerstone is **Law 104/1992, the Framework Law for the Assistance, Social Inclusion, and Rights of Persons with Disabilities**, which guarantees access to health, education, and social services from birth. Although it does not explicitly reference ECI, it establishes a foundation for **timely diagnosis, habilitation, and rehabilitation with a multidisciplinary approach**, involving professionals from medical, psychological, social, and educational fields. The family is recognised as a central actor in this process, with parents actively participating in decision-making and receiving support to access services.

Italy's ECI provision relies on a multidisciplinary model, involving **collaboration between healthcare providers, educational institutions, and social services.** Paediatricians are typically the first point of contact for families, playing a crucial role in early developmental screening and referring children for further assessments and interventions, such as neuropsychiatric evaluations or rehabilitation services. Neuropsychiatry units (NPI) within local health authorities (ASLs) provide diagnostic assessments and coordinate care through specialised therapists - speech and language therapists, occupational therapists, and psychologists - to support individual development plans. Preschools and kindergartens are also central to early detection.

Educators and special education professionals collaborate on the **Individualised Education Plan** (PEI), delivering tailored support in the classroom **(Legge 5 febbraio 1992, n. 104).** Local social services support families with financial aid, transportation, and counselling, helping to reduce logistical barriers to accessing ECI. Some regions have also introduced preventive programmes in kindergartens aimed at strengthening language and pre-literacy skills, particularly for children with early

signs of vulnerability. These initiatives align with broader inclusion goals by helping to prevent later academic difficulties (Ministero dell'Istruzione, 2012).

Italy is a leading European example of inclusive education, with a growing focus on early detection, family engagement, and cross-sector collaboration to support young children with developmental vulnerabilities. **99.6% of students with disabilities attend mainstream schools** (EASNIE, 2022), and in 2021–2022 school year 1.4% in nurseries (0–3) and 2.5% in kindergartens (3–6) were identified as having disabilities. **Yet, underdiagnosis remains a concern,** especially in under-resourced regions. Also, Law 104 mandates the creation of an Individualised Education Plan (PEI) for children with disabilities starting with preschool settings. **To strengthen support for children with Specific Learning Difficulties (SpLDs) such as dyslexia, dyscalculia, and dysgraphia Law 170/2010 introduced targeted measures** within the school system emphasising early screening, teacher training, and inclusive pedagogy, to identify early signs in preschool, such as language delays or visual-motor difficulties. Beyond certified disabilities and learning difficulties, the broader category of Special Educational Needs (Bisogni Educativi Speciali – BES) emerged in 2012, covering facing learning challenges due to social, cultural, or emotional factors, even without a formal diagnosis. In the context of ECI, this encourages proactive and inclusive educational strategies, enabling teachers and social services to intervene early for at-risk children.

Improvement in the ECI provision stems in **Law 328/2000**, which outlines Italy's integrated system of social services, and more recently, the **Italian National Recovery and Resilience Plan** (PNRR) allocating resources to enhance early childhood services, aiming to reduce regional inequalities and foster high-quality provision. Also, the **Decree of the President of the Council of Ministers of January 12, 2017** established an annual update of the minimum set of healthcare services guaranteed to all citizens including early identification of disabilities and the provision of early rehabilitation services. In 2022, its **National Action Plan for the Child Guarantee** included specific measures for children with disabilities, such as priority access to ECEC services and early screening, to reduce barriers and ensure that they receive timely support.[3]

However, the system is hindered by fragmentation and poor inter-agency coordination. Communication gaps between health, education, and social sectors can lead to delays in service provision, particularly when families are unaware of the correct pathways or lack support navigating complex procedures. The **shortage of professionals in under-resourced areas** and the economic burden of accessing

[3] EASPD published a series of factsheets on the implementation of the European Child Guarantee in each Member States. Each document presents key information and measures targeting children with disabilities, mental health conditions, and in institutional-based alternative care. To learn more about measures in Italy see: Children with disabilities in the Child Guarantee - EASPD.

private or specialist care compound these barriers, especially for low-income families (Osservatorio Nazionale Infanzia e Adolescenza, 2023). Access to services is still highly variable by region, with northern areas offering more comprehensive, higher-quality services, while southern and rural regions often experience shortages of specialists and infrastructure. These disparities hinder timely diagnosis and support for children with developmental needs.

In Italy, a number of innovative and inclusive practices have emerged to support early childhood development, particularly for children and families in vulnerable situations. These initiatives reflect a growing national commitment to integrated, community-based approaches that prioritise early intervention, parental engagement, and quality education from the very first years of life. The following examples, ranging from municipal programmes to national strategies and NGO-led projects, illustrate diverse, effective models aimed at fostering the well-being, inclusion, and potential of every child.

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3.2.2 Best policies and practices

Il Buon Inizio

Region/city:

Moncalieri (TO), Tivoli (RM), Locri (RC), San Luca (RC), Italy

Responsible organisation:

Save the Children Italia ONLUS, partners include the Social Enterprise "Con i Bambini" (main funding body), schools, local authorities, the University of Bologna's Department of Education, civil society organisations, foundations and cooperatives.

Website/contact: Save the Children - Il Buon Inizio Percorsi con i Bambini - Il Buon Inizio.

Date of implementation: 2022 – ongoing

Target group:

The target group is composed of children, (285 aged 0–3, 72 aged 3–6, 177 migrant/refugee minors, 60 with Special Educational Needs (SEN) and Specific Learning Difficulties), 787 parents, and 158 educators and teachers.

Description of the practice:

- In-school and out-of-school hubs for 0–3-year-olds, offering early education along with cultural, recreational, and sports activities.
- Aims to reduce early childhood educational poverty in underserved areas through inclusive, high-quality educational ecosystems.
- Creates safe, inclusive, play-based environments promoting children's socio-emotional development and holistic growth.
- Systematic family's needs assessments and integrated case management to coordinate support across education, health, and social services.
- Supports families through tailored guidance, parenting support, and training in language, work-related, financial and digital skills.
- Ensures collaboration among educators, families, and local services, with regular monitoring of children's development to adapt interventions.

Strengths & Positive impacts	Challenges & Barriers
Expanded access to early education and strengthened parenting. Community and institutional collaboration. Monitoring is underway. Focus on children's autonomy, emotional development, and continuous, adaptable planning.	Limited data available as the initiative is still in early stages. Funding uncertainties and coordination complexity, especially in fragmented or remote areas. Need for capacity-building and availability of trained professionals.

Potential for transferability:
The model is highly adaptable, especially to contexts experiencing high levels of child poverty, educational inequality, or migration. Key enablers include a solid public-private partnerships framework, clear community engagement strategies, flexibility to adapt services to local socio-economic conditions, and strong emphasis on integrated, child-centered approaches.

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The Municipality of Pistoia's early childhood services

Region/city: Pistoia, Italy

Responsible organisation:

Municipality of Pistoia - Early Childhood Services. A public sector entity, the Municipality of Pistoia directly manages a network of early childhood services (nurseries, preschools, and cultural-educational spaces).

Website/contact: Pedagogical Project 2024–27 (PDF). Brochure (0–6 Educational Services).

Date of implementation:

Formally implemented since 2011, with roots in practices developed over the past two decades.

Target group:

- Children aged 0–6 years, especially from marginalised backgrounds.
- Families and caregivers.
- Educators and early childhood professionals.

Description of the practice:

- Offers a holistic, inclusive, and culturally rich early childhood education model that nurtures each child's cognitive, emotional, and social potential.
- Blends daily routines with artistic, cultural, and symbolic experiences, rooted in pedagogical principles and inclusive frameworks.
- Purpose-designed spaces for creative, outdoor, and literacy-focused learning, and for infants (0–18 months) with active parental involvement.
- Integrates local culture through workshops, storytelling, and community events.
- Actively removes physical, relational, and organisational barriers to inclusion, ensuring accessibility for all children.
- Encourages family's participation through co-designed projects, shared educational spaces, and a regular parent-educator dialogue.
- Applies continuous observation and personalised planning, involving educators, families, and specialists to address individual needs and support early identification of challenges.

Strengths & Positive impacts	Challenges & Barriers
Positive impact on children's cognitive, emotional, and social development through inclusive, child-centered environments. Empowers parents and strengthens community cohesion through co-participation and shared values. Internationally recognised as a best practice model promoting diversity, intercultural dialogue, and equity from early childhood.	Continuous staff training is a must and this is challenging. Operational complexity: managing a multi-service, highly individualised educational system. Need for continuous investment in infrastructure and materials to maintain quality standards. Ensuring consistency across services and scaling up without compromising quality.

Potential for transferability:

Pistoia's model is highly transferable, with proven international interest and uptake. Key elements enabling transferability include:

- A flexible, child-centered pedagogy adaptable to local cultural and educational contexts.
- The "Studiare a Pistoia" programme, which supports dissemination and knowledge sharing through study visits to local early childhood services, professional internships for educators and researchers, and online seminars and collaborative networks.
- A documented and transparent pedagogical project (2024–2027) serving as a replicable guide.
- Intersectoral collaboration (municipality, schools, families, cultural institutions).

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P.I.P.P.I. (Programme of Intervention for the Prevention of Institutionalisation).

Region/city:

National Programme, implemented across various municipalities.

Responsible organisation: The programme is coordinated by:

- The Italian Ministry of Labour and Social Policies (promotes, funds, and monitors the programme, ensuring policy alignment).
- LabRIEF – University of Padua's Laboratory of Research and Intervention in Family Education (develops the methodology, conducts evaluation and training to ensure scientific rigor and effectiveness).
- Local Authorities and Social Services (implementation, local adaptation) .

Website/contact: Minori.gov.it – P.I.P.P.I. Programme, LabRIEF – P.I.P.P.I.

Date of implementation: Started in 2010 and ongoing.

Target group: Families with children aged 0–11 years who are at risk of neglect or separation due to complex vulnerabilities.

Description of the practice:

- Multidisciplinary, participatory it aims at preventing child placement through strengthened parenting, inclusive support, and coordinated services.
- Provides home-based educational support focused on family routines and parent-child interaction, alongside group activities to build parenting skills and child development.
- Involves family mentors and community volunteers to reduce isolation and offer informal support.
- Uses intersectoral collaboration among educators, social workers, and healthcare professionals to ensure integrated, child-centered care.
- Develops tailored, flexible intervention plans co-designed with families, based on shared assessments of needs, well-being, and risk.
- Engages families in regular meetings and decision-making processes to build trust and shared responsibility.
- Applies digital tools (family narratives and observation diaries) for ongoing monitoring, reflection, and plan adaptation by multidisciplinary teams.

Strengths & Positive impacts	Challenges & Barriers
Nationally implemented since 2011, reaching over 13,500 families with growing engagement and sustainable funding from sources like PNRR and FNPS. Effectively reduces out-of-home child placements by strengthening family relationships, boosting parental confidence, and improving caregiving. Fosters cross-sector collaboration and is internationally recognised by the European Commission as a leading model for family preservation.	Implementation quality can depend on local resources and commitment. Risks for long-term funding beyond national pilot phases. Need for continuous training and supervision of frontline professionals. Resistance from families or professionals unfamiliar with participatory approaches.

Potential for transferability:

The P.I.P.P.I. model has strong potential for replication in other regions and countries. Its structured yet flexible approach, grounded in evidence and co-design, makes it adaptable across diverse cultural and institutional settings. Key lessons include the importance of family-centered methodologies, integrated service systems, and capacity-building for local professionals. The program has already attracted international interest and informed practices in several European contexts.

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3.3 Spain

3.3.1 General policy context

In Spain, ECI refers to a set of services aimed at children from birth to age six, their families, and environments. Its core goal is to provide timely support to children with developmental disorders or at risk, promoting their development, family well-being, and social inclusion (GAT, 2000).

ECI emerged in the 1970s in response to increased rates of premature births and reduced infant mortality. The creation of **IMSERSO** (Instituto de Mayores y Servicios Sociales) in 1978 and the early stimulation centres under SEREM marked the beginning of a medically oriented approach. Initially, services focused on rehabilitation with limited family involvement.

Soon after, efforts shifted toward a more integrated model that combined prevention and education, notably with the National Plan for the Prevention of Subnormality (PNPS). However, policies remained largely health-focused, without fully integrated ECI systems.

A key turning point came in the 1990s with the transition from "early stimulation" to "early childhood intervention." The **White Paper on Early Childhood Intervention** (2000) established an interdisciplinary framework, later reinforced by the Technical Recommendations (2005) and best practice manuals by the FEAPS (Federación Española de Asociaciones en favor de las Personas con Discapacidad Intelectual) now renamed Plena inclusión España. These laid the foundation for quality standards, family participation, and professional training.

Today, ECI in Spain follows a multidisciplinary model involving health, education, and social services. Yet, the country's decentralised system leads to regional disparities in access, quality, and service provision (Gutiérrez, 2010). While some regions have robust, integrated systems, others remain fragmented. The White Paper remains a national reference, but lack of binding legislation hinders consistency.

Recent national frameworks aim to address these gaps. Organic Law 8/2021 ensures universal access to ECI, and the Spanish **National Action Plan for the Child Guarantee** (2022–2030) promotes an integrated model with monitoring indicators. The **2023 Territorial Council Agreement** upholds principles of universality, quality, and public accountability. The 2025 National Agreement introduced a 45-day maximum between identifying developmental risk and initiating intervention.

There is growing recognition of ECI's role in inclusion and deinstitutionalisation. **National strategies now highlight ECI as a right** and include measures to simplify identification, improve professional training, and expand service coverage.

In the Valencian Community, ECI is part of the public social services system, governed by **Decree 27/2023**. Services are structured into general family support and targeted outpatient care, coordinated by local programmes like ADI (Home-based and Itinerant support) and UVSAT units (Valencian Unit for Supervision and Technical support). Child Development and Early Intervention Centres (CDIATs) provide personalised plans (PIATs), with multidisciplinary teams offering support in natural environments such as homes or schools. Plans are reviewed at least every six months, ensuring tailored, continuous care.

Spain's ECI system has evolved from a medical-rehabilitative model to a more integrated and family-centred approach. While progress is evident, ongoing efforts are needed to reduce regional disparities and strengthen coordination, training, and sustainability across the system.

The following section presents a series of initiatives and good practices aimed at promoting the development and inclusion of children through a family-centered approach, and guided by the principles of accessibility and universality.

3.3.2 Best policies and practices

Parques Infantiles Inclusivos

Region/city: National initiative, with projects in various municipalities.

Responsible organisation: “Parques inclusivos infantiles” (HPC Ibérica, a leading company in the outdoor playground sector in Spain)

Website/contact: https://www.parquesinfantilesinclusivos.es
info@parquesinfantilesinclusivos.es

Date of implementation: Available activity reports from 2020 to the present.

Target group:

Children with or without disabilities, their families and caregivers, professionals working in childcare, education, and leisure sectors.

Description of the practice:

- Helps finding and accessing inclusive playgrounds.
- Promotes child sensory, physical, cognitive, and social development.
- Follows universal design and accessibility principles.
- Equipment offers play experiences tailored to individual needs and flexible use
- Creates welcoming spaces where all users can stay as long as they wish.
- Website features:
  - Interactive maps with detailed playground information
  - Guides on accessibility, safety, best practices, and inclusive design
  - Gallery of inclusive play elements such as slides, zip wires, and sensory paths
  - Testimonials from families and professionals

Strengths & Positive impacts	Challenges & Barriers
Accessibility and universality criteria. Advocacy for children's right to play, regardless of their abilities. Growing demand for accessibility and universal design from parent groups, associations, and social media communities. Enabling inclusion in everyday life for children of all ages, cultural backgrounds, and abilities	Absence of a national regulation that defines the conditions under which a playground and its elements can be considered inclusive The outcome depends largely on the professionalism or sensitivity of the technical services involved

Potential for transferability:

This initiative is easily transferable as it is based on accessibility and universal design criteria. The website includes a section that allows users to report inclusive playgrounds, helping to expand the existing list and improving accessibility for users from any national or international location.

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Typologies Decree of the Valencian Community

Region/city: Valencian Community, Spain

Responsible organisation: Consell (Regional Government)

Website/contact: https://dogv.gva.es/datos/2023/03/22/pdf/2023_2822.pdf

Date of implementation: 2023

Target group: Children aged 0 to 6 with developmental disorders or at risk of developing them, along with their families and/or primary caregivers.

Description of the practice:

- Decree 27/2023 (March 10), issued by the Consell, regulates the structure and functioning of social services in the Valencian Community.
- Defines the typologies and operational standards of centres, programmes, and services within the regional Public Social Services System.
- Aims to guarantee quality, efficiency, and accessibility in service delivery through a unified framework.
- Includes a dedicated section on Child Development and Early Intervention Centres (CDIATs).

Core methodological principles:

- Holistic, family-centred approach, considering biological, psychological, educational, cultural, and social factors.
- Grounded in evidence-based practices and international standards.
- Interventions delivered in natural environments (home or school).
- Led by a designated professional, supported by a multidisciplinary team.
- Standardised and functional assessments, aligned with family priorities.
- Focus on daily routines and empowering families to integrate strategies into everyday life.
- Interventions are personalised, adapting to each child's needs, family preferences, learning styles, and cultural background.
- Promotes active family involvement and builds confidence throughout the process

Strengths & Positive impacts	Challenges & Barriers
Structured, inclusive framework promoting holistic, child- and family-centered intervention. Cross-sector coordination (health, education, social services) enhances child development, autonomy, and inclusion. Measurable developmental gains in cognitive, motor, language, emotional, and social skills, especially when started before age 3 Stronger family engagement through training and coaching. Improved early detection and coordinated screening mechanisms. Increased responsiveness to culturally and linguistically diverse families. Adoption of evidence-based practices across disciplines improves service quality and consistency.	Financial constraints Regional disparities in service quality and availability; logistical barriers in remote areas. Administrative burdens delay access, especially in high-need or urgent cases. Gaps in care continuity, especially in transitions to school or for children with complex/multiple diagnoses. Shortage of qualified professionals, worsened by low pay and high workloads. Fragmented care due to poor cross-sector coordination, lack of shared data systems, and conflicting institutional priorities. Risk of undermining early developmental gains if follow-up and transition support are weak or unavailable.

Potential for transferability:

Its foundational elements are adaptable across cultural, social, and institutional settings. Successful transfer depends on key enablers, such as a supportive legal and policy framework, established coordination among health, education, and social services, a commitment to equity and inclusion, and investment in workforce development and community engagement.

EarlyBrain Toolkit

Support and training in early childhood care

Region/city:

Spain (national level – implemented through regional federations and local associations)

Responsible organisation: Plena inclusión España

Website/contact: https://www.plenainclusion.org ; info@plenainclusion.org

Date of implementation:

Since the 1990s (ongoing, with continuous development and updates)

Target group:

Children (0–6) with or at risk of developmental issues, and their families.

Description of the practice:

- Specialised, family-centered support for young children with developmental challenges.
- Services are tailored to each child's needs and provided through a network of multidisciplinary teams (psychologists, therapists, educators) within Plena inclusión's member organisations across Spain.
- Natural environments and routines-based model, emphasising intervention within the child's daily context (home, school, community).
- Family involvement and empowerment to promote meaningful, functional development and inclusion.

Strengths & Positive impacts	Challenges & Barriers
It promotes early inclusion and prevents long-term dependency. It empowers families to be active agents in their children's development. It strengthens community-based services and interdisciplinary collaboration. Evidence-based results show improvements in language, motor, and social skills.	Uneven access across Spanish regions due to varying public support and funding. Shortage of trained professionals in some rural areas. Need for greater coordination with healthcare and education systems.

Potential for transferability:
High. The model is adaptable to other countries or regions with existing early childhood services. Its focus on natural contexts, family involvement, and community-based support makes it a flexible and effective framework for inclusive early intervention.

EarlyBrain Toolkit

3.4 Comparative Analysis: Strengths, gaps, and challenges in current policies and practices

A comparative analysis of early childhood intervention policies in Belgium, Italy, and Spain reveals both shared commitments to inclusion and notable structural divergences. **Belgium demonstrates a strong rights-based orientation** in a context where inclusion in education is not yet a reality. In this context we find progressive community-based models like KOALA and LUAPE supporting inclusive practices, along with bottom-up initiatives driven by parents like De Ouders and support for inclusion for families and schools. However, the system is fragmented and has inconsistent quality and access, a lack of harmonised definitions, and significant data gaps. **Italy stands out for its long-term inclusive education system, seen as a benchmark** for its emphasis on inclusion, respect for diversity, and family participation. Yet, it struggles with regional disparities, limited interdisciplinary collaboration, and financial barriers that hinder equitable access. Innovative local initiatives exist, but their scalability is constrained by a lack of unified national oversight. Similarly, **Spain has transitioned toward a more integrated and family-centred model**, with key documents, such as the White Paper on Early Childhood Intervention (2000) and Good Practices in Early Intervention (2001), laying down the groundwork for a comprehensive, rights-based model focused on equity, inclusion, and coordination across health, education, and social services. Under Spain's decentralised system, Autonomous Communities manage healthcare, education, and social services, leading to regulatory differences that create inequalities in access and quality of services.

Common challenges across all three countries include:

- **The lack of standardised frameworks** is seen as a key challenge in all countries.
- **Lack of harmonised regional definitions** can lead to **uneven regional** implementation, with decentralised ECI systems and different definitions in Belgium and Spain and big disparities between regions in Italy.
- In addition, **insufficient cross-sectoral coordination**, between health, education, and social services, is highlighted as a key weakness across the three countries.
- The **lack of funding** can further exacerbate inequalities in access and quality of care.
- All these factors contribute to **inequalities in access and quality of services**.
- The **lack of data** on children with disabilities (notably in Belgium) makes it difficult to track progress, assess needs, and link relevant policy areas.

Systemic reforms and better financial investment are essential to ensure consistent, high-quality early intervention for all children, regardless of geography, socio-economic context or ability. National strategies, such as the expansion of neonatal screening programmes and early identification in Italy, is a critical step forward. In Belgium and Spain, more strategies at the national level are lacking, notably towards deinstitutionalisation of children with disabilities. Another area for uniform standards and better investment is inclusive play spaces where accessibility and design standards could not only promote the right to play and socialisation of children with special needs but also help raise awareness of diversity as a societal strength. Initiatives such as Parques Infantiles Inclusivos in Spain or LUAPE in Belgium offer good potential in that regard. Lastly, training for ECEC professionals relating to inclusion and the specific needs of children with disabilities is another area where a more holistic, high-quality and systematic approach could benefit all countries.

3.4.1 Innovative Approaches: Scalable or transferable strategies

Family-centred and evidence-based ECI practices and principles can be adapted to different contexts and governance levels such as national level as Portugal, regional level as the Valencian Community, and even in crisis situations as in Ukraine. The most transferable element is not the specific structure of services, which may vary according to local needs, but the holistic approach that places the child within the context of their family and community. This model supports **universal access,** regardless of social or economic background or geographical location.

Key features of this approach include personalised support, collaboration across sectors and disciplines, shared planning with families, interventions embedded in everyday routines and familiar settings, regular monitoring and adjustment, respect for cultural diversity, and active involvement of the wider community. Programmes such as P.I.P.P.I. in Italy demonstrate how this approach contributes to preventing the placement of children in institutional care.

Training is a crucial element for successful implementation. Many examples highlight the importance of **preparing professionals to understand and apply modern ECI practices.** In Belgium, the inclusion coach model supports staff in mainstream education settings. Training for parents is also central in most initiatives. The KOALA project provides informal activities such as storytelling and shared play, along with language, and job-related training to facilitate social inclusion of parents.

Family and community engagement is another key element, emphasised in Ukraine, where the aims of support include the building of social networks. The Basics method has social reinforcement as one of its key components, and aims to build family-friendly communities.

To do so, it is essential to build inclusive and accessible play spaces. In Brussels, the inclusive toy library offers adapted games, inclusive activities, and guidance for both professionals and families. The Pistoia model in Italy and the Parques Infantiles Inclusivos initiative in Spain promote inclusive public spaces as learning environments, supported by family engagement and practical guidance on accessibility and safety.

These approaches also reach children at risk, beyond disability. Projects such as KOALA and Il Buon Inizio focus on supporting families in vulnerable communities, with interventions that strengthen parenting and create welcoming spaces for play and early learning. Building trust with families is often achieved by offering accessible, inclusive environments where both children and adults feel supported.

For these strategies to be successfully scaled, local adaptation is essential, paired with enabling policy frameworks. This involves analysing existing services, funding structures, roles across sectors, and system strengths and gaps. Strong coordination between sectors and clear policy frameworks that integrate ECI into health and education systems are also critical.

4. Policy Recommendations

4.1 Recommendations for Policy Makers: Actionable steps to improve ECI policies.

EU recommendations

To ensure that all children receive the best start in life, the European Union must take leadership in promoting high-quality, inclusive, and family-centred ECI. The following three recommendations provide **concrete, actionable steps** for EU-level impact.

1. Start an EU initiative on ECI

This should be a **key component of the next phase of the European Disability Strategy** and frame ECI as a key pillar of its independent living priority area, recognising that timely, inclusive support in early childhood is essential to enabling children with disabilities to grow up in family and community settings, and not institutions.

Actions should include:

- A **comparative EU-wide study on national ECI policies and practices,** including monitoring and evaluation, status of implementation of developmental screening, developmental and family assessments, and service procedures in family-centred ECI.
- The development of **EU Guidelines for ECI systems,** establishing shared principles and minimum quality standards.
- Promote the development and implementation of **national ECI systems,** as a part of the Child Guarantee implementation, or as a separated and dedicated initiative.
- Foster **exchange of information and experience** on ECI among national Ministries and relevant stakeholders through the **Disability Platform.**
- The Commission should promote the use of **EU funding and tools**, e.g. Erasmus+, Horizon Europe, Technical Support Instrument, to support **capacity building, cross-border collaboration and exchange of good practices** among ECI stakeholders and to implement national ECI reforms.
- **Scale up the dissemination of knowledge and promising practices on ECI.** Enhanced use of these instruments would foster more inclusive, accessible, and high-quality ECI services across Member States. [4]

[4] The following EU-funded projects, supported by EASPD, can serve as examples: **Burnout free, ECI Greece.**

2. Foster training and workforce development on ECI

The opportunities offered under the **European Education Area** and within, the recent **Union of Skills Strategy**, should be leveraged to promote life-long learning opportunities for skilling and up-skilling of professionals involved in early childhood with inclusive, interdisciplinary, and family-focused competences.

Notably to:

- Leverage the opportunity of the initiative aiming to develop **guidelines for curriculum development in ECEC** in 2026 to not only to strengthen professionals' capacity for early identification of developmental delays and timely intervention, in line with ECI principles.
- Develop and disseminate EU-level training resources, including **micro-credentials** and **common learning modules** on inclusive ECI, and the **creation of a platform for ECI training**, with MOOCs, presentations, and online training available in all EU languages.
- Promote cross-border professional exchanges and the **recognition of skills and qualifications** for the ECI workforce across Member States.

3. Strengthen monitoring and data collection on ECI

The following actions should be taken to improve the tracking of ECI access, quality, and outcomes to inform policy and investment:

- **Developing ECI monitoring indicators:** These specific indicators should be used to assess the accessibility, availability, quality of ECI services, and participation of disadvantaged children. They should be integrated into the Child Guarantee and European Semester's monitoring frameworks with a dedicated Country-Specific Recommendation.
- **Supporting the development of national ECI monitoring indicators:** The Commission should promote national ECI monitoring frameworks using common EU indicators. Bulgaria **2024 Annual Plan for Promoting Early Childhood Development** contains relevant specific indicators to measure ECI that could inspire.
- Align data collection systems on availability of ECI support with the **European Monitoring Framework of the Child Guarantee,** and the **European Semester** process ensuring data is disaggregated by disability, region, and socio-economic status.

National recommendations

1. Develop and implement a comprehensive national ECI strategy

- Establish **coordinated, cross-sectoral national frameworks** for inclusive, family-centred and affordable ECI. This strategy should be **based on a country situation analysis**, co-produced with families, representatives and relevant stakeholders. It should include clear quality standards, sustainable funding, and mechanisms for active family participation, while reducing bureaucratic and administrative procedures in accessing ECI services.
- Effective implementation requires the **active involvement of the Ministry of Finance** to secure sustainable, cross-sectoral funding, alongside close collaboration among the Ministries of Health, Education, and Social Policies to ensure coordinated service delivery and policy alignment.

2. Harmonise definitions, legal frameworks, and service standards

- Ensure **consistent definitions of disability and inclusive education** across regions and sectors.
- Align laws and policies to eliminate fragmentation, promoting equitable access to ECI services nationwide with uniform quality and inclusivity criteria.

3. Invest in capacity building and interdisciplinary training

- Establish and fund standardised, **continuous training for all professionals** involved in early identification and intervention, across health, education, and social sectors, to strengthen interdisciplinary collaboration and improve competencies in family-centred, inclusive practices.

4. Enhance data collection, monitoring, and evaluation systems

- Establish robust, **harmonised data systems** to track children with disabilities and monitor ECI service delivery.
- Member States should **develop and use ECI indicators** for their monitoring of the implementation of the Child Guarantee.
- Disseminate knowledge on specific responsibilities of each sector involved to define the scope of action and improve inter-ministeries coordination.

5. Promote inclusive education, deinstitutionalisation and support family-based care

- Prioritise policies and funding that enable children with disabilities to grow up in inclusive family and community settings.
- **Develop clear strategies for deinstitutionalisation and inclusive education** with measurable goals, timelines, and sufficient resources to shift from institutional care to community-based support.

4.2 Recommendations for services and practitioners

1. Embed family-centred and participatory approaches in service delivery

- Regularly review and adapt methodologies to align with family-centred ECI principles, ensuring parents and caregivers are actively involved in planning and decision-making.
- Provide ongoing **interdisciplinary training to staff** on inclusive practices, rights-based approaches, and effective collaboration across health, education, and social sectors.
- Foster **co-production** by involving families and children with disabilities in service design, evaluation, and governance.

2. Strengthen cross-sector coordination and collaboration

- Develop and implement **clear protocols and communication** channels between health, education, and social services to provide seamless, holistic support for children and families.
- Use shared tools and **joint planning frameworks** to align goals and track progress in meeting individual child and family needs.
- Promote **integrated case management** approaches that respect family preferences and empower caregivers.

3. Promote accessibility and inclusion in early childhood environments

- **Ensure all physical and social environments**, including play spaces and learning settings, **are accessible and inclusive** for children with diverse abilities.
- Use augmentative and alternative communication tools, assistive technologies, and tailored educational materials to support each child's participation and development.
- Regularly evaluate and improve inclusion practices, informed by feedback from children and families.

4.3 Recommendations for civil society and citizens

1. Advocate for a national inclusive, family-centred ECI framework

- Mobilise networks and alliances to push for national strategies aligned with international human rights frameworks and inclusive policy principles.
- Engage in policymaking processes to ensure sustainable funding, quality standards, and family participation are central to ECI policies.
- Review and align organisational advocacy to reflect and support family-centred, inclusive early intervention values.

2. Monitor implementation and promote accountability

- Actively participate in national monitoring mechanisms linked to the Child Guarantee, European Semester, and disability strategies.
- Produce independent reports and shadow assessments highlighting service gaps and successful local models.
- **Empower families and local communities to share their experiences** and hold authorities accountable.

3. Strengthen family and community participation

- Facilitate platforms and spaces where families, children, and practitioners can share knowledge, experiences, and co-create solutions.
- Promote capacity-building for families to engage effectively in decision-making at service and policy levels.
- Encourage inclusive public awareness campaigns to foster understanding and acceptance of diversity and the rights of children with disabilities.

4.4 Guidelines for effective implementation

To translate ECI policy into meaningful action, a practical and coordinated approach is essential. Key steps include:

- **Setting shared objectives** across health, education, and social services, involving all levels of government.
- **Establishing coordination groups** to align strategies, exchange information, and solve issues collectively.
- **Providing comprehensive training** to frontline staff and managers, focused on family-centred, inclusive approaches.
- **Distributing practical tools** (e.g. guidelines, checklists, protocols) to ensure consistent service quality.
- **Monitoring implementation** through regular data collection and analysis on access, quality, and outcomes, with findings shared across stakeholders.
- **Engaging families in decision-making** via advisory panels, surveys, or co-design processes to ensure responsiveness.
- **Allocating dedicated funding** and defining realistic timelines with milestones to support sustained implementation.

4.5 Impact assessment

4.5.1 Expected and benefits and key policy indicators

Strengthening early care and intervention systems leads to:

- **More effective, accessible, and inclusive services** for children with disabilities and their families.
- **Timely and tailored support,** thanks to early identification becoming a standard practice.
- **Improved and more consistent service quality** through better-trained staff and equitable distribution of resources.
- **Stronger cross-sector collaboration,** reducing service fragmentation and duplication.
- **Greater efficiency and equity,** expanding access across regions and socio-economic groups.
- **Capacity-building and innovation** within sectors through shared learning and practice development.
- **Better developmental outcomes,** enhanced family empowerment, and progress towards a more inclusive society.

To track progress, robust monitoring systems should include:

- **Access and coverage:** Disaggregated data on children receiving services by age, region, disability, and socio-economic status.
- **Quality and workforce capacity:** Metrics on staff qualifications, training participation, and adherence to inclusive care standards.
- **Family engagement:** Surveys assessing parental involvement, empowerment, and satisfaction with services.
- **Coordination and integration:** Indicators reflecting inter-agency collaboration (e.g. shared care plans, joint platforms).
- **Child outcomes:** Longitudinal tracking of developmental progress in areas such as communication, social skills, and health.

Embedding these indicators into national and EU-level frameworks promotes **transparency, accountability, and continuous improvement.**

4.6 Guidelines for stakeholders engagement

4.6.1 Identifying key actors and setting up collaboration strategies

Effective ECI relies on **clear roles and active coordination** among stakeholders:

- **Government bodies** develop policies, allocate funding, and oversee service delivery. Ministries must work together to ensure legal alignment (e.g. with the UNCRPD) and support integrated data systems.
- **NGOs** contribute to service delivery, advocacy, and family support, particularly for underserved communities. They offer training, promote inclusive practices, and bridge gaps in public provision.
- **Healthcare professionals** are typically the first to detect developmental issues and coordinate referrals and support.
- **Educators and early childhood practitioners** provide inclusive learning environments and collaborate with families and other sectors to personalise support.

Strategies to strengthen collaboration include:

- **Coordination bodies** (e.g. Italy and Spain's ECI task forces) that align planning and monitor progress.
- **Shared care plans and digital platforms** (as in Belgium) that streamline case management and improve communication.
- **Joint training programmes** (e.g. in Flanders) to build interdisciplinary understanding.

- **Active family engagement** in planning and service design.
- **Protocols and data-sharing agreements** that clarify roles and responsibilities while safeguarding privacy.
- **Communication tools** such as shared digital platforms and regular inter-agency meetings.

These approaches lead to better-integrated, more efficient services and improved outcomes for children and families, aligning with the EU Disability Strategy and the Child Guarantee.

4.6.2 Public awareness initiatives

Effective communication is crucial to gaining public support and ensuring successful adoption of ECI policies. Public awareness initiatives can educate communities about the importance of inclusive, family-centred early care and foster a culture of acceptance and support for children with disabilities.

Key strategies include:

- **Targeted campaigns:** Using multimedia platforms (social media, television, radio) and print to reach diverse audiences with clear, accessible messages about the benefits of early intervention and inclusion.
- **Storytelling and testimonials:** Sharing real-life experiences from families, practitioners, and children helps personalise the issues, making the need for policy change more relatable and compelling.
- **Partnerships with influencers and community leaders:** Engaging respected figures, including educators, healthcare workers, and local advocates, can amplify messages and build trust within communities.
- **Educational materials and events:** Organising workshops, seminars, and information sessions for parents, professionals, and the general public raises knowledge and counters stigma.
- **Promotion of inclusive values in schools and public spaces:** Integrating messages about diversity and inclusion into school curricula and public campaigns helps foster early awareness and acceptance.

By implementing these communication strategies, policymakers can build broad-based support for ECI reforms, ensuring that policies translate into meaningful, sustained improvements in children's lives.

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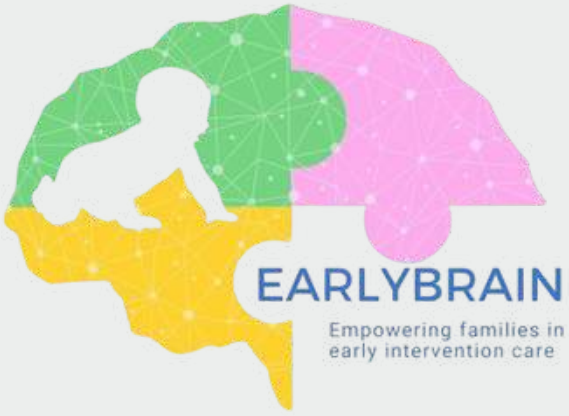

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