Early Intervention in Special Education and Rehabilitation

Beograd 2016.

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THEMATIC COLLECTION OF INTERNATIONAL IMPORTANCE

Belgrade, 2016

Early Intervention in Special Education and Rehabilitation
Thematic Collection of International Importance

Publisher
University of Belgrade – Faculty of Special Education and Rehabilitation
Publishing Center of the Faculty

For publisher
PhD Snežana Nikolić, Dean

Processing and printing
Planeta print, Belgrade

Cover design
Boris Petrović, MA

Technical Editor
Biljana Krasić

Circulation 150

ISBN 978-86-6203-086-3

By decision no. 3/9 from March, 8th 2008. The Teaching and Research Council of the University of Belgrade – Faculty of Special Education and Rehabilitation initiated Edition: Monographs and papers.

By decision no. 3/122 from August, 30th 2016. The Teaching and Research Council of the University of Belgrade – Faculty of Special Education and Rehabilitation has given approval for the printing of Thematic Collection "Early Intervention in Special Education and Rehabilitation".

EARLY INTERVENTION IN THE WORLD: IMPLICATIONS FOR IMPROVEMENT IN SERBIA

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SUMMARY

In this study, it was collected and analyzed literature that deals with early intervention. By analyzing the available literature, papers were grouped into three groups. The first group consists of the studies relating to research legislation in the field of early intervention. The second group of papers relating to the beneficiaries of early intervention services (children and families), while the third group of works deals with services, respectively support services.

Early intervention implies support system for children with neurodevelopmental risk factors, developmental disorders and disabilities from birth up to three years, and their parents. The goal of early intervention is detection, prevention and stimulation. In order to conduct a plan of early intervention in the best possible way, it is necessary to establish as soon as the correct diagnosis in a child, to engage families and to create a plan with clearly achievable and measurable goals. In order to facilitate the successful organization and implementation of early intervention, it is necessary that more areas work together: the organization of services and legislation, evaluation, collaboration with families, teamwork and the ability of the team.

In the world, the system of early intervention found its place in the last century, while in the Republic of Serbia there are still systemic deficiencies. In this respect, this paper could have practical guidelines aimed at establishing new or improving the existing system of early intervention.

Key words: early intervention, support, children with disabilities

INTRODUCTION

For specialists of different professions, terms of early intervention has more meaning. The word "early" refers to the most critical period in a child's development, from birth to three years, while the term "intervention" means the implementation of the program, which aims to maintain or improve the child's development in the natural environment as a family member. Period of early development is very important for learning and social participation of every child, and it is characterized by intense motor, cognitive, linguistic, emotional and social development. The concept of early intervention begins in the United States, in the seventies of the 20th century. Children who are late in development or have specific health conditions, are included in the system of early intervention. However, in different countries, early intervention, is given a different character. In some countries, this area is a part of the strategy to be ratified at the state level, somewhere the area of early intervention is operationalized in

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the documents at the regional level, somewhere it is left to the cities to take care of the system of early intervention at the local level, and in some countries the area of early intervention remains on professionals and / or non – governmental sector who are developing that area due to the identified needs of its citizens (Wertlieb & Ferić, 2015).

In special education and rehabilitation, early intervention is defined as a system of support for children with neurodevelopmental risk factors, developmental disorders and disabilities from birth up to three years and their parents. Major goals of early intervention are reaching maximum possible development of the child; prevention or mitigation of development problems; help in learning and social inclusion; maintaining emotional, and functional integrity of the family (Golubović & Slavković, 2015). As outcomes of early intervention are: a reduction in the possibility of the occurrence of disability, alleviating existing difficulties and reduction of functional deterioration, promotion of infant parenting, as well as improving the functioning of the family. It can be said that the positive outcomes of early intervention are viewed in three ways, in relation to the child, parents and society. If we look from a child perspective positive outcomes related to "reduce or prevent unwanted behaviors or other disturbances and difficulties that may arise, develop cognitive skills, progress in speech – language development, progress in socio – emotional development" (Blair, Ramey, Hardin, 1995; Hadders-Algra, 2001; Ramey & Ramey & Lanzi, 2007). As for the parents, the research results show that the positive effects of early intervention reflects in "identifying the resources and abilities of the family itself, improving the interaction between the child – a parent, a better emotional relationship between them, and of course the parents become more confident in the approach to the child and not feel responsible for a state in which the child is" (Benzies, Harrison, Magill-Evans, 2004; Pelchat, Bisson, Ricard, Perreault, Bouchard, 1999; Saylor, Boyce, Price, 2003). Finally, the benefits to society are also numerous and manifested through the "reduction of the need for social protection, less dependence on other members of society, and the long -term savings in terms of later interventions" (Golubović & Slavković, 2015).

A number of authors in their research, that are done at the beginning and the end of the eighties of the 20th century, single out three fundamental objectives for the creation of an early intervention plan:

1. After making a diagnosis in a child, as soon as possible to create a development plan. "Through interventions on the birth or soon after diagnosis, reduce the risks for disability or developmental disorders" (Cooper, 1981; Garland, Stone, Swanson & Woodruff, 1981; Maisto & German, 1979; Strain, Young & Horowitz, 1981).
2. Engaging families in the development and realization of made intervention plan. Research shows that parents of children with disabilities need support to acquire skills which can help them to cope with the needs of their child. Also, parents should be trained to implement the intervention program at home and to reduce the stress that affects the health of the family. Both of these factors play an important role in the implementation of the intervention plan (Beckman-Bell, 1981; Cooper, 1981; Garland et al., 1981; Karnes, 1983; Lovaas & Koegel, 1973; Shonkoff & Hauser-Cram, 1987).
3. The plan should be highly structured and to provide clear and measurable targets (Shonkoff & Hauser-Cram, 1987).

We believe that such structured goals should be the basis for the establishment of a system and implementation of plan for early intervention, today.

METHOD

The aim of this study is to examine all available literature that shows early intervention system in the world, which conceptually and methodologically fit the needs of special education and rehabilitation. In this narrative review of the literature will be presented and analyzed papers that can be a guideline for creating a system of early intervention in the Republic of Serbia.

For the purposes of this study, carried out an overview of the expert and scientific literature by searching electronic databases which are available through Google Scholar and the Serbian Library Consortium for Coordinated Acquisition (KoBSON). By searching service Science Direct, Wiley Interscience, Springer / Kluwer, SAGE Publisihing and EBSCO have been collected and analyzed articles in the content who farmed the issue of early intervention. During the time used the following key words: early intervention, children with disabilities, risk children, children with delays in development, support services, assessment of children, evaluation, legal regulations. In consideration are taken research that have been published from 1970 to 2015, and all papers can be grouped into three groups. The first group consists of the works relating to research legislation in the field of early intervention. The second group of papers relating to the beneficiaries of early intervention services (children and families), while the third group of works deal with services, respectively support services. Of the total number of reviewed papers, we selected those which correspond to methodology of special education and rehabilitation (biopsychosocial approach), by our assessment.

THE RESULTS

Legislation in the world and in the Republic of Serbia

Analyzed papers dealing with legal regulations are divided into those relating to the organization of early intervention system in the United States (5) and in Europe (4). In order to facilitate the successful organization and implementation of early intervention, it is necessary that more areas work together: the organization of services and legislation, evaluation, collaboration with families, teamwork and the ability of the team. Services dealing with early intervention in childhood based its work on a number of legal documents in the field of health care, education and social protection.

As the authors state (Danaher, 2002; Rosenberg, Zhang & Robinson, 2008; Schiller, Adams & Nelson, 2005) in the United States, according to the Education of the Handicapped Act Amendments (EHAA, Public Law, 1986) part H was established of the discretionary program for the state to allow the development of a comprehensive system of early intervention services for infants and young children with disabilities or developmental delays. According to this act, early intervention services are intended for population of children who differ significantly in terms of the type and severity of their

disability (Meisels & Wasik, 1990). In 1990 EHAA was amended in the Individuals with Disabilities Education Act (IDEA). The Individuals with Disabilities Education Act (IDEA) is a law ensuring services to children with disabilities throughout the nation. IDEA governs how states and public agencies provide early intervention, special education and related services to more than 6.5 million eligible infants, toddlers, children and youth with disabilities. This law provides the basis for the establishment of early intervention services and explains how early intervention services should be implemented. In addition to the emphasis on intervention in the family, reinforces the importance of IDEA (highlights) opposite the importance of prevention (in terms of) treatment (Johnson, 1994) and promotes the well-planned and coordinated transition of children from preschool or school program. Early intervention helps children to go through phases of development through a wide range of services. Infants and toddlers with disabilities (birth-2) and their families receive early intervention services under IDEA Part C. Children and youth (ages 3-21) receive special education and related services under IDEA Part B. Part C is a $436 million program administered by States that serves infants and toddlers through age 2 with developmental delays or who have diagnosed physical or mental conditions with high probabilities of resulting in developmental delays (babies in risk and infants and toddlers with delays in development are included in Part C of the IDEA). Early intervention includes service providers for infants and toddlers if they are located in Part C of the Individuals with Disabilities Education Act (IDEA). The Part C regulations provide a framework for effectively identifying, locating, and providing early intervention services to all eligible infants and toddlers with disabilities. Part of that framework includes the post-referral activities of screening, evaluation, and assessment (http://www.parentcenterhub.org/repository/partc-module4/). Part C of the Individuals with Disabilities Education Act (IDEA), describes the rules and regulations which the participating countries have to look at how to establish services and early intervention system. Table 1 provides an overview of differences between Part C (which defines early intervention services for children from birth to 3 years) and Part B (which defines school programs for students aged 3 to 21 years) (Danaher, 2002).

Table 1 *Comparison of educational programs in relation to the age group*

	0 - 2 years	3 - 5 years	6 - 21 years
Legislation	IDEA, part C	IDEA, part B	IDEA, part B
Program	Early intervention	Special education	Special education
Type	law	necessarily	necessarily
Availability	noncategorical	categorical	categorical

	0 - 2 years	3 - 5 years	6 - 21 years
Provided services	16 basic services, including occupational and physical therapy, speech therapy and special education. Interdisciplinary and transdisciplinary assessment. Individualized family service plan. Concentrated on the family. Coordination of services.	Close services only as a support to special education. The specific assessment for a particular discipline. Individual educational program. In theory focused on the family, in practice concentrated on the child. Coordination of services is recommended, not required.	Close services only as a support to special education. The specific assessments for specific discipline associated with education. Individual educational program. Focused on children with an emphasis on curriculum standards. Coordination of services is recommended, not required.
Location	Natural environment	In the house, center, school	At school

The purpose of Part C of the Individuals with Disabilities Education Act (IDEA) is that each state provides assistance in maintaining and enforcing a comprehensive, coordinated, multidisciplinary and intersectional system of early intervention services intended for infants and young children with developmental delays and their families.

Group of authors dealing with the early intervention system in Europe (Košiček, Kobetić, Stančić & Joković-Oreb, 2009; Santa & Hoein, 1999; Skivenes, 2011) states that there are still no uniform principles in the implementation of early intervention in countries that carry out the same, nor equal access for all children. However, some positive aspects that have proven effective can be observed in models of early intervention in Norway and Germany. The characteristic of the Norwegian model, which has proven to be functional, is that every child with disabilities has a right to legally prescribed on an individual plan and program to be drawn up in cooperation with parents. The local authority is obliged to allow the professional and economic assistance to children with disabilities and their families, and coordinate and control the use of these funds. The law also provides for the right (from the birth of a child) to special education teachers (special educator and rehabilitator) which monitors the child's development and makes recommendations for the development program and how should it be implemented. In case of disagreement, the parents can appeal to the proposed development program for their child. Special educator and rehabilitator can come to the house (until the child goes to kindergarten) and an institution for pre-school education. In addition, the child is entitled to a personal assistant, and preschools have their own assistants who help children (Košiček, Kobetić, Stančić & Joković-Oreb, 2009). As positive aspects of early intervention in Germany cited the easy availability of support for the family, a high level of expertise of personnel involved in the process of early intervention. In addition, it is emphasized the existence of a professional team, then good connections among experts, but also among all institutions that provide support to children and their families (Early Childhood Intervention 2005). Having learned from the experiences of developed European countries, in the eighties of the last century, Croatia has also organized special education expert procedure to be conducted in families of children with disabilities. The main objectives of these mobile services are

manifold: to support parents in the rehabilitation process, the early involvement of the child and family in the rehabilitation, maintenance of continuous rehabilitation, family support for inclusion in preschools and other organized forms of work (Kniewald 1983, according Košiček et al., 2009).

In our country, there are numerous pieces of legislation that fulfils its international obligations with regard to rights and tackling the social status of children. Ratifying the legislative acts such as: the Plan of health care from the compulsory health insurance in the Republic of Serbia for 2015 (Official Gazette of RS, no. 146/2014), the Ordinance on the quality indicators health protection (Official Gazette of RS, no. 49/2010), Regulation of the national program of health care for women, children and youth (Official Gazette of RS, no. 28/2009), the National plan of action for children (NPA), Strategy to achieve the vision – policy actions and measures: education development Strategy in Serbia to 2020 (Official Gazette of RS, no. 107/2012), Social welfare development Strategy (Official Gazette of RS, no. 108/10), Strategies to improve the position of persons with disabilities in the Republic of Serbia (Official Gazette of RS, no. 1/07) and others, early intervention is recognized and accepted, and through a legal documents are identified the main problems in achieving, protecting and promoting the rights of the child (Golubović & Slavković, 2015). However, although there are numerous acts that rely to early intervention, the lack of legislation in the Republic of Serbia is the lack of national strategy for early intervention, vagueness of the legislation when it comes to the financing of programs, as well as undeveloped system prerequisites for the implementation of early intervention. Also, there is no database of children i.e. data collection system on children with neurodevelopmental risk factors and disabilities. This is one of the reasons why there is a lack of reliable data on the number, age, severity of disability and social position. As an attempt to overcome the shortcomings, on the basis of the Law on Health Care (Official Gazette of RS, No. 107/05, 72/09 – other Law, 88/10, 99/10, 57/11, 119/12, 45/13 – other Law and 93/14) and the Law on Government (Official Gazette of RS, no. 55/05, 71/05 – correction, 101/07, 65/08, 16/11, 68 / 12 – US, 72/12 – US and 44/14), ratified the Regulation on the National Program for the promotion of early childhood development, which include activities on the promotion, protection and improvement of early child development in the first years of life (Official Gazette RS, no. 22/2016).

Services and beneficiaries

Children

The classification of children who are eligible for early intervention services provided by many authors (Ramey & Ramey, 1998; Rosenberg, Zhang & Robinson, 2008). The right to early intervention services have babies and children, if fall into one of the following categories:

1. Identified Risk – This group includes babies or small children if they are diagnosed as Down syndrome or cerebral palsy.

2. The delay in development – This group includes babies and children in which the results of diagnostic tests or assessment have shown that there is a delay in one or more developmental areas: cognitive, motor (including vision and hearing), communication,

social and emotional areas and customization options. States differ among themselves in relation to the criteria that have to determine the degree of delay in development compared to the instruments, or procedures used.

3. Risk Kids – This category includes the discretion of each state and applicable to the child that are considered to be at risk, or that are considered to be at risk for delayed development if it does not provide early intervention services. Risks may be different, stand out biological and environmental factors (i.e. a mother is a drug addict, babies with low birth weight, babies who do not progressing, etc.) (Ramey & Ramey, 1998; Rosenberg, Zhang & Robinson, 2008).

IDEA classifies children into two groups: (I) Child is experiencing a developmental delay, as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: (1) Cognitive development. (2) Physical development, including vision and hearing. (3) Communication development. (4) Social or emotional development. (5) Adaptive development; or (II) Has a diagnosed physical or mental condition that— (1) Has a high probability of resulting in developmental delay; and (2) Includes conditions such as chromosomal abnormalities; genetic or congenital disorders; sensory impairments; inborn errors of metabolism; disorders reflecting disturbance of the development of the nervous system; congenital infections; severe attachment disorders; and disorders secondary to exposure to toxic substances, including fetal alcohol syndrome (available on: http://idea.ed.gov/).

Strategies and early intervention programs are designed to prevent or mitigate stagnation / developmental delay, or to influence the improvement of development, to maximize the potential of every child and help the family to adapt to new challenges in the home and community.

Table 2 *Areas of development assessment*

Area	Definition	Instrument for assessment
Cognition	Ability receipt, storage and use of information from the environment, solving problems, execution of orders, cause and effect, imitation	BSID II, BDI, HELP, TPBA
Socio emotional	The ability to regulate reactions to other people and in their social environment, temperament, ability to interact, activity level, attention	BSID II, TPBA, BDI, HELP, PEDI
Motor skills	Motor scheme, tone, posture, balance, coordination eye hand grip, grabbing, manipulation	PDMS, BDI, BSID II, Motor evaluation of infants and children
Communication	Expressive and receptive language, sign language	BDI, HELP
Sensory	Reactions to the tactile, vestibular, proprioceptive, visual and audible input	Test of sensory functions of baby, sensory history
Skills for adaptation or self help	Feeding, going to the toilet, dressing, safety	BDI, PEDI

Various authors highlight the importance of using different tools in the assessment of the child (Provost, Heimerl, McClain, Kim, Lopez & Kodituwakku, 2004). The instruments used in the evaluation of the child shall be a reliable and important to be precise in identifying children that includes comprehensive health and social parts, and components related to the behavior and the environment, and that includes members of the family as equal partners in professional team (Lynch, 1998). Instruments for recording quantitative impact measure (i.e. a child has or does not have a certain kind of behavior) do not take into account the quality of the effect (i.e. as the child approached the task). In this paper we present a couple of instruments which are important for special education and rehabilitation, and which have found application in the evaluation in all areas of the child's functioning. One of the most widely applied instruments in programs of early intervention is Denver developmental test which refers to the four development areas: general motor skills, fine motor skills, socialization and language. This test can be used in children aged from 2 weeks to 6 years (Frankenburg et al., 1992). Battelle Developmental Inventory (Newborg, Stock, Wnek et al., 1988), examines the five developmental domains: personal – social, adaptation, mobility, communication and cognition. It is used for children between the ages of 8 months to 6 years. Today, BDI – 2nd edition is in use (Newborg, 2005), and applies to children from birth to seven years and eleven months. Furthermore, for the assessment team in early intervention is in use Bayley Scales of Infant Development, 2nd edition (Bayley, 1993), and the Bayley Scales of Infant Development, 3rd edition (Bayley, 2005) for children aged 1-42 months, then Hawaii Early Learning Profile (Worth, 2004) for children from birth up to three years, i.e. from three to six years of age, Peabody Developmental Motor Scales (Folio, Fewell, 1992) for children from birth up to seven years, Pediatric Evaluation of Disability Inventory (Haley, Coster, Ludlow, Haltiwanger, Andrellos, 1994) for assessment children from six months to seven and a half years, Trans – disciplinary Play – Based Assessment (Linder, 1993), and the like. Some of these instruments are suitable for the assessment of a child based on the game (i.e. TPBA).

Families and support services

The role of the family as an important factor in the process of early intervention points out a number of authors (Joković-Turalija, Pajca, 1999; Klein & Gilkerson, 2000). In the world, the period of the eighties brought the system to accept and support for children with developmental disabilities within their families. Care in the family is based on the principle that a child depends on the mother and other family members to help meet daily care of the child and to make them satisfied; his emotional and physical needs. The birth of a child with special health problems has consequences for the whole family, and their emotional, social and economic status (Shonkoff & Meisels, 1991).

Joković-Turalija, Ivkić, Oberman-Babić (2002), state that the family is the most important in the development of every child because it represents the primary environment in which and from which the child learns. Parents need help and support of different therapists when faced with the knowledge of the existence of difficulties in their child so they can quickly overcome emotional crisis and actively be involved in the rehabilitation process of their child. It is necessary to point out to parents the

importance of working with the child in the parental home because it is an essential complement to rehabilitation.

Therefore, early intervention, besides working with a child, also includes working with the family in the form of support and training, through the creation and implementation of the IFSP. After the evaluation (assessment) of a child is finished, and are acquired the conditions for the program of early intervention, family and early intervention team has to develop a written plan for providing early intervention services to a child and its family. This plan is called the Individual Family Service Plan (IFSP), and represents a very important document, and parents are the key members of the team that developed it (McWilliam et al., 1998).

Barton (2013), states that the basic principle of the IFSP that the family is the greatest resource and needs of the young child. The best way to support the children and meet their needs, is to support and build the strengths of their families. The inclusion of other members of the IFSP team, such as doctors, therapists, child development specialists, social workers and others, depends on the needs of the child.

The transition of child from part C in part B of IDEA, starts three months before the child is three years old. Services under Part C are focused on the needs of the whole family, while in Part B services are focused directly on the children. Written document in Part B is the IEP. According to IDEA, the transition from Part C on the Part B requires the creation of a transition plan within the IFSP (available on http://www.agbell.org/Default.aspx?id=768).

IFSP defines the objectives and the types of services that will help the child and his family. Babies and young children with disabilities and developmental delays can get the services that will be provided at home or in the community to assist them in the development in the following areas:

1. Motor skills (reaching, crawling, walking, drawing, building blocks)
2. Cognitive skills (thinking, learning, problem solving)
3. Communication abilities (speaking, listening, understanding others)
4. Self-help and adaptive skills (food, clothing)
5. Social and emotional skills (playing, interacting with others)
6. Sensory processing skills (processing of textures, tastes, sounds, smells) (available on https://www.understood.org/en/learning-attention-issues/treatments approaches/ early- intervention / early-intervention-what-it -is-and-how-it-works).

Families with a baby or a child with disabilities or developmental delays are entitled to 16 services in the context of early intervention carried out by competent personnel under the supervision and approval of the IFSP. Services should be focused on the family, to be inclusive and socially sensitive. The coordinator of services from early intervention program helps parents to make a plan and schedule services. These are the following services: auxiliary aids and services; audiological services; family training, counselling and home visits; health services; medical services only for children with the diagnosis and assessment; care services; nutrition; occupational therapy; physical therapy; psychological services; coordination of services; social work; special classes; speech and language therapy; transport; ophthalmic services (Ramey & Ramey & Lanzi, 2007).

It should be noted that not all services are essential to every child. Most often children need one or two of the above, and it depends primarily on the individual needs of each child and his family.

IFSP should be in written form and contain the following components:

1. Description of current motor, cognitive, communicative, socio – emotional and adaptive development of the baby or a small child that is based on objective criteria.
2. Statement of resources, priorities, and care of parents relating to the improvement of the level of development of the baby or a child.
3. Statement of the major outcomes expected to be achieved with a baby or a small child, and family, as well as the statement of the criteria, procedures and deadlines that are used to determine the level of progress and achievement of outcomes, in order to determine whether are needed the necessary amendments to or revisions outcomes or services.
4. Declaration on the specific early intervention service that is required for the unique needs of each infant or child and family, including the frequency, intensity and methods of providing services.
5. Declaration on the natural environment in which early intervention services will be adequately provided, including justification for the measures, if any, on those services that will not be provided in a natural environment.
6. Planned dates for commencement of services and expected duration of service.
7. Identifying the profession that is relevant to coordinate services for the child or family, and will be responsible for the implementation of the plan and coordination with other agencies and colleagues.
8. Steps to be taken when giving support for the child in the transition to preschool or in another service (available at: http://idea.ed.gov/).

The IFSP is reviewed at least every six months to see if changes need to be made, given the child's growth or changes in developmental status, or given changes in the family's priorities and concerns. The IFSP periodic review may be held more frequently if the family requests it or if conditions warrant it (http://www.parentcenterhub.org/repository/partc-module1/#section1).

Models and approaches in early intervention

Services within the early intervention include the multidisciplinary assessment of children and identifying the needs of each family as specified in the Individualized Family Service Plan (IFSP). Different types of professionals are involved in the work with these children: a pediatrician, child neurologist, physiotherapist, speech therapist, social worker, psychologist, special educator (special education teacher), occupational therapist, ophthalmologist, audiologist, nurse, nutritionist, etc. Providing services in early intervention helps children catch up to their peers and increases the chances for success in school and life in general (Marković & Arsić, 2011).

In 2003 The European Agency for Development in Special Needs Education made a review of the current European situation in terms of early intervention, which as one of the important components quality implementation of early intervention states

and teamwork. The Agency stressed that the construction of real teamwork is not easy because it requires multidisciplinary work and cooperation not only with the team members, but also with parents, with the main differences between countries relate to the extent to which education experts involved in the team and with what difficulty meet in order to ensure good coordination and cooperation among experts (available at: https://www.european-agency.org/, European Agency for Development in Special Needs Education, 2005). The members of the expert team for early intervention consists of a psychologist, social worker, early intervention specialists (Early Childhood Educator), a physician and a nurse. The roles of some experts are reflected in the following: a) Psychologist – assessment and evaluation of children's development, psychological and social support, provision of pedagogical guidelines and support, links with social services and resources; b) Social worker – provides social support in the field of information, guidance and solves social risk situations to connect to other professions; c) specialist early intervention (Early Childhood Educator) – early assessment of children's development, monitoring of the recommended program, checking the development program, the association with nurses and daily care; d) A doctor (physician) – assessment of children's development, connection with health care, diagnosis, medical monitoring, referral to specialized health services; e) The nurse – health prevention and protection, information on health issues (Milić-Babić, Franc & Leutar, 2013).

In terms of the way in which the existing teams are organized to fulfil their tasks, it is possible to identify three models:

1. Local and decentralized model, in which provision and coordination of services are regulated by local authorities (municipalities). This model is mainly represented in the Scandinavian countries (Denmark, Norway, Finland, Sweden).
2. Specialist model, which provides and offers children and their families very specialized services of early intervention and centers. They mainly depend on social and health policy, although it is included in the field of education. This model is present in France and Germany.
3. The third model could be called "among service". It is based on agreement and cooperation between different local, regional and even state services. The education system is fully involved in this model, and he is represented in countries such as Portugal (available on https://www.european-agency.org/).

Regardless of which model is represented, seeks to decentralize services. They are centralized only if they are highly specialized. In all these countries, there are laws about early intervention, and composition of teams varies from country to country. When is formed a team for early intervention strictly takes into account the needs of the child and his family, which means that teams are very flexible composition (Marković & Arsić, 2011).

The same authors further state that the expert profiles can be grouped into four main categories that cover specific fields: medical and paramedical (refer to the organic functions and rehabilitation), psychology and education (mental, cognitive and intellectual development), social (aimed at social environment of the child and family). Initially, the medicine has an essential role, because the assessment of the type

and degree of damage is given before birth and at birth. In some countries, medicine will later play a leading role in determining treatment and educational work. In most countries, the relationship between the other authorities partnership or individually and each area fully responsible for their work (Marković & Arsić, 2011).

Soriano (1998), emphasizes that early intervention teams have a variety of tasks, which are primarily focused on providing support for the child and then his family. Working with the family is the basic element which includes information, orientation and guidance, support and training. Work with the child is very complex not only in content but also in the way it conducts. Means the provision of assistance and support to the overall development of the child, as well as preventive and educational measures that enable the transition into the education system. The election is for a variety of measures to help and support that provides complete child care. Support can be provided – at home, in day hospitals, the services / centers for early intervention and preschool institutions (day care centers, kindergartens, etc.). Help at home, especially when it comes to children under one year of age, it is common in Denmark, Iceland, Luxembourg, Norway and Sweden. The goal is that home care be the first place in other countries, too.

As in all other areas, and in the field of early intervention is possible to identify three approaches to the same problem. These are multidisciplinary, interdisciplinary and transdisciplinary approach.

In multidisciplinary approach individuals and teams trained in various disciplines focus on a common problem, but with no aspirations toward integrating various theoretical and methodological concepts that are related to this problem (Skinner, 2008). Multidisciplinary efforts are achieved through the cooperation of individuals from various fields who use the tools and concepts from their own disciplines applied to a common problem or topic (Holley, 2009).

Interdisciplinary approach in early intervention involves the interaction of professionals from different disciplines, who are in close relationship with the child and his family, in order to implement early intervention programs. All professionals have direct participation and continuously cooperate with each other to implement the program. Team members conduct assessments independently or together, and establish objectives in cooperation with professionals and parents. With this approach the child and family can receive coordinated services and the ability to leverage the expertise and competence of the team members from several different disciplines. Each member of the interdisciplinary team responds to the whole team, although the degree and extent of involvement may change and vary depending on the needs of a child and the family. The coordinator of services provided to the family is generally the person who is responsible for coordinating the team members, in order to avoid the multiplication of services. In order to ensure the success of this approach, team members must respect the role of other members to develop effective formal and informal communication and to be flexible when giving answers that families require them (Heidegger, 2008).

Moran (2002), states that in the transdisciplinary approach the various disciplines work as a team, including one member performs direct intervention, while other members of the team are consultants. This approach is based on the belief that families can benefit primarily from the intervention of a specialist, rather than more interventions provided by several professional persons. All team members contribute

to the evaluation and planning of the program, after which the team implemented a plan in consultation and training of other team members. Transdisciplinary approach allows that each team member can perform functions outside their discipline. The successful functioning of the transdisciplinary team requires commitment and a willingness to overcome traditional boundaries of disciplines and to develop adequate communication and consultation skills. In order to implement this approach, each team member must be fully aware of the development function of children, and to collect sufficient information about the child's family (relationships, material, economic situation, etc.).

These approaches have their advantages and disadvantages when it comes to early intervention. Experts are becoming a team at the moment when they have a common goal, and that is creating support that will enable the child to the best possible development path. What is present in most countries, when it comes to early intervention that a child has more therapists (physical therapist, special education teachers, speech therapists, occupational therapists, occupational therapists ...) and they all treated the child in terms of their profession and science. Sometimes it ignores the fact that all of them affect the neurobiological basis of learning of each child. For this reason it is necessary to establish a correct diagnosis, because it helps the team to focus on assessing the associated problem (motor, cognitive, speech, sensory ...). Next, to determine the level of functioning in all important areas of children's development in order so programs are based on the strengths and have a better effect. Good assessment is the basis for the evaluation of interventions.

INSTEAD OF A CONCLUSION

Based on the analysis of papers dealing with early intervention, we can conclude that the systemic approach developed as a conceptual framework that integrates heterogeneous group of children with developmental risks and difficulties, their families, as well as a wide range of services offered to them and which can be organized in very different ways. In the international context, a great diversity in the field of early intervention contribute to the different national legislative solutions, the tradition of health care, that is, education and etc. System approach recognized the following relevant principles for the organization of early intervention: (a) development approach and focus on the family because it is through empowering parents create optimal conditions for early learning and child's participation; (b) the coherence and coordination at all levels, which includes inter-ministerial coordination because early intervention is provided through health, education and social protection; (c) creating conditions for the greatest possible involvement of how children with disabilities / risk, and their families into the regular programs in the community; (d) early detection and early diagnosis; (e) the system has to have the composition of the monitoring so that children with risk factors or with developmental disabilities could be detected early; (f) all parts of the system provide individualized services; (g) services are evaluated; (h) in order to achieve a partnership with the family to the full extent it is necessary to respect cultural differences and their implications for development; (i) all applied procedures must be based on scientific evidence; (j) to a systemic perspective was

held, it is necessary to recognize the interdependence of all factors of early intervention (Guralnick, 2005). The key principle that early intervention in its most modern form differs from the old concept of early intervention is just the first of that principle, i.e. focus on family. This principle implies the creation of a partnership between professionals and parents, recognizing the importance of early interaction between parent and child for the child's development, and the need of empowering parents (Budwig, Užgiris, Wertsch, 2000). It is interesting to note that according to the literature, but also on the basis of law in the Republic of Serbia, parents alert that one of the biggest problems is the lack of harmonization and integration of the system causing a lot of wandering, and a child passes the time (Harbin, McWilliam & Gallagher, 2003; Ljubešić, 2008).

Developmental systematic approach is unique in its order to explain the developmental mechanisms involved in the improvement of children's development in the context of early intervention (Guralnick, 2011). Key development mechanism are three types of early interaction: (a) the quality of the interaction in terms socio – emotional connection with the child and respond to its signals, (b) then that parents create a child experience opportunities, and (c) to take care of his health and safety (Guralnick, 1998). Therefore, a systematic approach recognizes the extreme importance of interactions that take place between the child and parents, and that is scientifically proven to be interconnected during the early childhood development (Landry, Smith, Swank-Lončar & Miller, 2000; Ljubešić, 2001).

The concept of early intervention in the Republic of Serbia has been recognized sporadically, through various legislative and executive acts. However, there is no single law on early intervention, then there is a vagueness of the legislation when it comes to funding the program, and they built the system prerequisites for the implementation of early intervention. Also, there are no reliable data on the number of children with disabilities, age, weight and type of disturbance, social status, etc. For these reasons, we tried to show the system of early intervention, which is already more than 40 years present in the world and thus to give a theoretical and conceptual framework and show the importance of early intervention. The displayed pieces of legislation, adequate definition of children who are eligible for early intervention services, early intervention services, teams and models in early intervention, and the rest can be the basis for developing and improving the system of early intervention in our country. How early intervention is intended primarily for children with disabilities, and they are the target group of special education and rehabilitation, therefore the significance and implications of early intervention for special education and rehabilitation are undeniable and extremely important.

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