In the last decade, the Republic of Georgia has made major progress in developing a national system of early childhood intervention to support children with high-risk status, disabilities, developmental delays or atypical behaviours. This article explains how civil society organisations and government in Georgia have created a system that gives these children the more individualised and intensive attention they require.

The ‘last mile’ in child development services often involves building national systems to serve children of all abilities effectively. To meet child and parental rights of the Convention on the Rights of the Child (CRC) (United Nations, 1989), General Comment 7 to the CRC on early childhood (United Nations Committee on the Rights of the Child, 2005), and the Convention on the Rights of Persons with Disabilities (United Nations, 2008), a ‘continuum of care’ is required from pre-conception and prenatal education and care to early childhood development (ECD), early childhood intervention (ECI), and transition to inclusive schooling.

To create a complete ‘continuum of care’ for all children, a national ECI system of community-based services is required to serve the parents and other caregivers of children with at-risk situations, developmental delays, disabilities and atypical behaviours.

The ECI continuum of care

The ECI continuum of care should embrace and integrate all relevant sectors and disciplines. Key sectors include:

- child and family health, nutrition and sanitation/hygiene
- child care and development, inclusive preschool and parent education
- child rights and protection.

Key disciplines include:

- early intervention
- medicine, public health and nursing
- nutrition
- physical, speech and occupational therapies
- special and inclusive education
- social work, psychology, and family counselling and therapy.
ECI is an intersectoral, interdisciplinary, integrated and coordinated system of individualised and intensive services provided in the natural environments of the children, mainly from birth to 36 or 60 months of age, which seeks to improve children’s development and prevent developmental delays and disabilities. Governments establish national ECI systems through adopting policies, strategic plans or laws, nationwide ECI programme guidelines and procedures, service and personnel standards, and registration regulations. Governments usually offer financial and technical support, often at several levels: central, regional and municipal/local.

ECI systems include initial community outreach and advocacy for child identification, universal screening of child development, child and family assessments, individualised service planning, and visits to the natural environment of the child, usually in the home, case management and transition activities. Some offer parenting or peer group activities, specialised therapies, and family counselling.

As of 2015, of the 81 nations responding to a global ECI survey, 49 countries had some type of national policy in place and 76 countries had one or more aspects of ECI service delivery systems at the national level. The remaining five nations only had ECI systems at the regional level (Hix-Small et al., 2015).

Since 2005, the Republic of Georgia has made notable progress towards developing a comprehensive national ECI system. By 2015, Georgia had several key aspects of national ECI services in place and currently is finalising its national policy documents.

**Initial development of separate ECI services**

Although general ECD services support children with typical development in Georgia, children with high-risk status, developmental delays, disabilities and atypical behaviours require more individualised and intensive attention.

In 2005, Georgia had two rehabilitation centres that provided therapeutic or daycare services for a small number of the children with disabilities. No home-based programme of ECI services had been planned or developed as yet (Vargas-Baron, 2006). Subsequently, several national ECD leaders advocated for expanding ECD parenting and preschool programmes with the support of UNICEF and the Open Society Georgia Foundation. Between 2005 and 2013, Georgia established and implemented a policy to deinstitutionalise thousands of children. Many orphans were developmentally delayed or disabled, and progressively ECI services were established to support families and group homes receiving them (EveryChild, 2013; Mathews et al., 2013; Greenberg and Partskhaladze, 2014).

In 2005 the Georgian Portage Association and subsequently in 2012 First Step Georgia and the Neurodevelopment Center, supported by the Georgian
Association of Child Neurologists and Neurosurgeons, developed ECI services in Tbilisi, the capital of Georgia. These initiatives trained early intervention specialists (EISs) and piloted ECI services.

Portage used time-tested Portage assessment and curricula, translating and adapting them to the Georgian language and culture. Portage provided home visits and also promoted inclusive preschool education.

First Step Georgia used the Hawaiian Early Learning Program Strands assessment and the Assessment, Evaluation, and Programming System, which are criterion-referenced to rich child development curricula. First Step provided services in the natural environment of the child in collaboration with follow-through centre-based services for older children with multiple disabilities.

The Neurodevelopment Center modified its centre-based rehabilitation services to include parents in therapeutic visits and soon developed a home-based programme with EISs and therapists. They trained medical and public health communities in developmental screening, and this programme is expected to become universal.

Expansion, coordination and next steps

All three ECI centres found they had a lot in common. With the support of the Open Society Georgia Foundation and international specialists, they held joint training sessions, programme design sessions, and participatory national strategic planning activities with the Ministry of Labour, Health and Social Affairs and the Ministry of Education and Science. As a result of their collaboration, they developed the Coalition of ECI Organisations, which unites 13 organisations and advises ministries about all aspects of the ECI system.

As ECI services grew in Tbilisi, other regions began to request training and support to develop ECI programmes. Through their Coalition, central ECI organisations jointly trained and supported new ECI services in the regions of Adjara, Imereti, and Kakheti. Other regional ECI service centres are currently under development. All central and regional ECI centres are growing as they identify more children and families requiring ECI services. Regional governments, including the Tbilisi municipal government, are beginning to provide financial support to complement the small voucher system managed by the central government.

A National ECI Strategic Plan and ECI Programme Guidelines and Procedures have been developed. Although they have not been formally adopted as yet, they are being used to develop programme service standards, indicators, and the national ECI monitoring and evaluation system. Adoption is expected in late 2016.

Although many training workshops have resulted in the development of outstanding EISs and other personnel, a national pre- and in-service training
system is urgently needed to provide a sustainable flow of certified ECI professionals. The national ECI monitoring and evaluation system is being implemented and a child tracking system, linked to other child and family services, is needed. As the national ECI programme is expanded, there will be an increasing demand for regional supervisors and support personnel to help with quality assurance activities.

Expanded funding from national ministries and regional/municipal governments is urgently required to meet the demand for services. At this time, each ECI service centre has a long waiting list of eligible children awaiting services. Although the Republic of Georgia has made major progress in developing an effective and well-coordinated national ECI system of services, much remains to be done to ensure sustainable programme expansion, comprehensive outreach, universal screening, full equity, quality assurance, and accountability.

References


