Professionals' Perceptions on Family-Centered Early Childhood Intervention for Children with Developmental Delays in Kosovo

Gyltene Retkoceri Hoxha[1], Aleksandra Karovska Ristovska [2]

[1] PhD candidate at "Ss. Cyril and Methodius", Faculty of Philosophy in Skopje-Institute of Special Education and Rehabilitation

[2] Full Professor at "Ss. Cyril and Methodius", Faculty of Philosophy in Skopje-Institute of Special Education and Rehabilitation

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Abstract: Early Childhood Intervention (ECI) services play a crucial role in supporting children with developmental delays and/or disabilities, focusing on both child and family needs. However, barriers such as funding limitations, policy gaps, and societal stigma can restrict access and quality of these services. This study sought to capture the perceptions of ECI professionals in Kosovo regarding current service delivery, training requirements, challenges, and key priorities for strengthening support. Data was collected from 70 professionals across various roles through a structured survey that addressed service settings, professional development, perceived obstacles, and improvement recommendations. Analysis showed that most ECI sessions occur at service centers (84.93%) or childcare facilities (10.50%), while home-based interventions remain limited (0.70%). Although nearly all respondents receive some form of in-service training, over one-third reported receiving less than 10 hours annually. Significant challenges highlighted by professionals included community stigma affecting (10.51%) of families and funding constraints cited by (9.30%) of respondents. To enhance service effectiveness, professionals emphasized the need for expanded advocacy, stronger policy support, increased developmental assessments, and more robust training opportunities.

Keywords: Early childhood intervention, family-centered intervention, professionals' perceptions, developmental delay, disability

Introduction

Early childhood plays a vital role in shaping a child's abilities and relationships, establishing the core foundation for all aspects of growth and future learning. During this time, children acquire essential abilities and attitudes that shape their later academic, social, and personal growth. Foundational skills—such as language, cognitive processes, and social interaction patterns—are developed, laying the base for lifelong learning and interaction with others (Karovska Ristovska, Ajdinski, & Akgün, 2014).

Early childhood intervention refers to a range of services designed to support young children who have developmental delays or disabilities and their families. According to Guralnick (2011), ECI programs are tailored to provide support in multiple domains, including physical, cognitive, social, and emotional development. The role of professionals is to assess developmental milestones, provide individualized services, and work collaboratively with families to create supportive environments. An important goal of effective early childhood intervention is to increase the number of qualified professionals competent to provide services (Karovska Ristovska, 2021).

Dunst et al. (2002) highlight that family-centered services prioritize the strengths and needs of the family, offering resources and support to help them navigate the challenges of raising a child with developmental delays. Family-centered practices are associated with positive outcomes for both children and families, as they promote collaborative partnerships between professionals and families. The perspectives of professionals are crucial in the implementation of family-centered services. To effectively support children with developmental delays, services should be accessible, involve families as active partners, and address the unique needs of each child within their

community context (Karovska Ristovska & Naumovska, 2024). Professionals, including educators, therapists, and pediatricians, play a pivotal role in assessing and designing individualized plans for children with developmental delays (Bruder, 2010). As noted by Bailey et al. (2006), individualized plans are critical for addressing the unique developmental needs of children and ensuring that interventions are family-centered.

Studies show that young children with developmental delays and disabilities tend to thrive and make greater progress when they receive support in everyday environments alongside typically developing children (Karovska & Jachova, 2006).

Children with developmental delays benefit significantly from early and intensive interventions, especially when professionals collaborate with families to create individualized plans. These plans ensure that the intervention aligns with the specific needs of the child and the family (Boyle et al., 2011). The family-centered model supports families in building their capacity to address the child's developmental needs within the context of everyday routines (Dunst & Trivette, 2009). Research by Rosenberg et al. (2013) indicates that when professionals adopt a family-centered approach, families are more likely to feel empowered and capable of supporting their child's development. Identifying developmental delays early can contribute to more accurate and timely diagnoses (Rashikj-Canevska, Karovska Ristovska & Bojadzhi, 2019).

The transdisciplinary model is a highly effective, evidence-based approach that provides cost-effective support for children with developmental delays and their families, delivering significant benefits for all involved. (Karovska Ristovska, 2019).

The need for continuous professional development is essential in ensuring that professionals are equipped with the knowledge and skills to work collaboratively with families (Bailey et al., 2016). Studies by Espe-Sherwindt (2008) indicate that professionals may face barriers such as lack of training or institutional support in implementing family-centered approaches.

Family-centered care (FCC) is a holistic approach that emphasizes the importance of involving families in the planning and delivery of interventions for children with developmental delays and disabilities (Dunst & Trivette, 2009). Research indicates that FCC enhances child outcomes and family satisfaction, as it fosters a collaborative relationship between professionals and families (McWilliam, 2010).

Despite the recognized benefits of family-centered practices, challenges persist in their implementation. Barriers may include a lack of training among professionals, insufficient resources, and systemic issues within ECI services. Identifying these challenges is critical for addressing gaps in service delivery and improving outcomes for children with developmental delays (Turnbull et al., 2015).

Early Childhood Intervention (ECI) in Kosovo remains in a developmental phase, with efforts underway to transition from a primarily medical approach to a more family-centered model. Despite some progress, the sector continues to face challenges such as limited resources, a shortage of trained professionals, and difficulties in ensuring access in rural areas. Advocacy for improved policy frameworks and service delivery has been crucial in driving Kosovo toward a more inclusive and coordinated system for children with developmental delays and disabilities (Nations Children's Fund (UNICEF), 2023). This study explores the support system for Early Childhood Intervention (ECI) in Kosovo, focusing on the perceptions of professionals working with children who have developmental delays and disabilities.

Methods

This study used a descriptive approach, which focuses on observing and characterizing individuals, events, or situations in their natural settings. In this type of research, the investigator does not manipulate or influence any variables; instead, they simply record and describe the characteristics of the sample or the variables involved (Siedlecki, 2020). This approach is appropriate for the current study as it seeks to detail the process of accessing ECI services.

The survey instrument designed for professionals was based on and modified from the questionnaire templates found in the *Methodological Guide: Research for National Situation Analyses on Early Childhood Intervention* by Vargas-Barón, E., Diehl, K., & Kakabadze, N. (2022), published by the United Nations Children's Fund (UNICEF).

This research includes data from 70 professionals who work with children from birth to 6 who have developmental delays and/or disabilities. The children served span various age groups, with a notable distribution across both genders. Among girls, there were: 0–36 months (17.70%), 37–60 months (9.92%), and 61–72 months (9.46%). For boys, the numbers were proportionally higher: 0–36 months (28.54%), 37–60 months (19.38%), and 61–72 months (14.96%).

Children served by these professionals predominantly live in city or town areas, accounting for (70.57%). However, a significant portion resides in rural or village areas, totalling (29.42%).

The majority of these families fall into the middle-income category, with (85.93%) families represented. Lower-income families numbered (7.10%), while upper-income families accounted for (6.95%).

Results

The data reveals a diverse range of conditions among children under six years of age served in the program. Specifically, (2.86%) of the children are identified as being in at-risk situations, which includes factors such as pre-term birth, low birth weight, and stunting, particularly among those whose mothers were under 19 years of age. A larger group, representing (27.77%), exhibits developmental delays across one or more developmental domains. Furthermore, (22.68%) of children are classified as having various disabilities.

In addition, (25.81%) face behavioral and emotional regulation challenges, such as autism spectrum disorder and attention deficit hyperactivity disorder. The data also highlights (1.69%) with mental health needs, including depression, anxiety, and trauma-related experiences. Lastly, (19.16%) are reported to have two or more delays or disabilities, indicating a complex interplay of developmental challenges.

Table 1 displays the professional fields of participants involved in early childhood intervention, categorizing their areas of expertise.

Table 1: Professional Fields of Participants in ECI

Professional field	N	%
Early childhood development	30	18.07
Early childhood education	19	11.44
Early childhood intervention	27	16.26
Inclusive preschool education	6	3.61
Law, developmental disabilities and human rights	1	0.6
Management and administration	3	1.8
Medical doctors: paediatrics, neurology, family medicine, etc.	2	1.2
Nursing	1	0.6
Nutrition	1	0.6
Occupational therapy	8	4.8
Physiotherapy	1	0.6
Psychological assessment and counselling	18	10.84
Community health specialist	1	0.6
Social work	2	1.2
Sociology	2	1.2
Special education	12	7.22
Speech and language therapy	32	19.27

The table 1 shows the distribution of professional fields among ECI participants, with Speech and Language Therapy (19.27%) and Early Childhood Development (18.07%) being the largest groups, emphasizing the focus on communication and developmental milestones. Early Childhood Intervention (16.26%) and Early Childhood Education (11.44%) also have significant representation, highlighting their core roles in ECI.

Fields like Law, Nursing, Nutrition, and Community Health each have only one participant (0.6%). The smaller presence of Medical Doctors (1.2%) and Management (1.8%) is noticeable.

Respondents provided insights into the frequency and duration of services delivered to each child in Early Childhood Intervention (ECI). In terms of frequency, the majority of respondents (4.30%) reported serving each child once a week, while (6.37%) indicated they provide services twice a month. A considerable portion of respondents engage with children twice a week (32.21%), and some serve at even higher frequencies, with (26.31%) offering services three times per week and (30.78%) providing support four or more times each week. These variations highlight a diverse range of service intensities based on individual needs.

As for the duration of visits, the most common length reported was one hour, with (90.59%) of respondents typically spending this amount of time per visit. Shorter visits of 30 minutes were noted by (3.88%) of respondents, while (5.51%) reported that their sessions with children and their families last five hours or more. This range of visit lengths reflects the different levels of support required for children under six years and their families, depending on the complexity of each case.

Professionals also highlighted the types of service visits they conduct. The most frequent arrangement was meeting with the child alone, without a parent present, which was reported by (53.01%) of respondents. Sessions involving two or more children without a parent were less common, with (3.40%) indicating this setup. Meanwhile, (21.94%) of respondents noted they worked with one child while the parent looked on, and (5.25%) reported seeing two or more children together with parents observing. Additionally, (16.38%) of respondents engaged in sessions where they worked with both the child and parent, actively coaching and mentoring the parent throughout the visit. These different configurations underscore the flexible and varied approaches professionals adopt to foster child development and parental involvement in ECI services.

Table 2 outlines the ECI services personally provided by professionals in the study:

Table 2: ECI services you personally provide

Services	N	%
Community outreach activities to find potentially eligible children	7	2.61
Developmental screenings of children	15	5.59
Comprehensive assessments of all domains of child development	30	11.19
Specialized assessments of child development	15	5.59
Establishment of eligibility of children for ECI services	30	11.19
Assessments of parent–child interaction	25	9.32
Assessments of child health, nutrition, and hygiene	17	6.34
Preparation of Individualized Family Service Plans (IFSPs)	18	6.71
Physiotherapy services	2	0.74
Speech/language/hearing therapy services	30	11.19
Audiology services	1	0.37
Occupational therapy services	8	2.98
Psychological assessment, counselling and support	20	7.46
Case management services and referrals to other services	8	2.98
Parent education during home visits	6	2.23
Parent education in centre-based groups	3	1.11

Parent and peer support groups	7	2.61
Health and nutrition education services	1	0.37
Personal and home hygiene and safety education	8	2.98
Transition plans with parents, children and next service providers (principals and teachers in inclusive preschools, primary schools, specialized schools, etc.)	13	4.85
Help to obtain assistive technologies (equipment)	2	0.74
Online visits	1	0.37
Respite-care services for parents	1	0.37

This table details the Early Childhood Intervention (ECI) services provided by professionals, with Comprehensive Assessments of All Domains of Child Development, Establishment of Eligibility for ECI Services, and Speech/Language/Hearing Therapy each being the most frequently provided services, at 11.19%. On the other hand, Audiology Services, Health and Nutrition Education Services, Online Visits, and Respite-Care Services each have only one participant providing them (0.37%).

Table 3 presents the various locations where Early Childhood Intervention (ECI) professionals meet with children under six and their families:

Table 3: Place meet the visits

Place visits are held	N	%
Your ECI service centre or hospital	485	84.93
Childcare centre or inclusive preschool	60	10.50
Home of child	4	0.70
Community centre or other place	22	3.85

Table 3 displays the locations where Early Childhood Intervention (ECI) visits are conducted, with the majority taking place in ECI service centers or hospitals (84.93%). This high percentage indicates a strong preference or need for structured environments for ECI services, likely due to the availability of specialized resources and staff. In contrast, visits at the child's home are the least frequent, at 0.70%, suggesting limited home-based services, which could be due to logistical challenges or resource constraints. Visits at childcare centers or inclusive preschools (10.50%) and community centers or other locations (3.85%) represent smaller, but still notable, portions, showing some flexibility in meeting families in community settings when necessary. Kosovo faces significant gaps in the provision of contemporary family-centered services within its Early Childhood Intervention (ECI) framework. The transition from a predominantly medical model to a family-centered approach has been slow, hindered by several systemic and cultural barriers. One major factor is the lack of trained professionals with expertise in family-centered practices, as existing training programs often fail to emphasize collaboration with families and community-based support. Additionally, limited resources and funding have constrained the development and implementation of such services, particularly in rural areas where access is further restricted. Cultural factors, including traditional views on parental roles and disabilities, may also play a role, as some families might be reluctant to actively engage in intervention processes. Addressing these issues requires a multi-faceted approach: increasing investment in professional development, raising awareness about the benefits of family-centered practices, and fostering a policy environment that prioritizes inclusive and family-focused services.

Respondents reported varying levels of annual in-service training, highlighting a range of professional development experiences. A small percentage of professionals, (8.5%), indicated that they receive no in-service training at all. Meanwhile, (34.3%) reported receiving less than 10 hours of training annually. Some professionals, accounting for (18.6%), engage in 11 to 20 hours of training each year. The (22.9%) of respondents reported receiving between 21 and 40 hours of training, while (15.7%) indicated that they participate in more than 41 hours of in-service training annually. This distribution reflects the diverse commitment to ongoing professional development within the field.

Table 4 outlines the different types of in-service training received by respondents:

Table 4: Types of in-service training receive

Types of in-service training	N	%
Opportunities to attend professional conferences	40	21.50
Online distance training courses	22	11.82
Face-to-face education or training courses	36	19.35
Professional training workshops	29	15.59
Training at your organizational location, including practice sessions (field training)	26	13.97
Formal educational programmes at universities	9	4.83
Inter-organizational exchange visits	4	2.15
Continuous onsite in-service training activities	20	10.75

This table highlights the types of in-service training received by ECI professionals. The largest percentage (21.50%) of participants reported attending professional conferences, indicating that these events are a common means of staying updated with new developments. Face-to-face education or training courses also hold a significant percentage at 19.35%, showing the importance of direct, in-person training sessions.

Inter-organizational exchange visits have the smallest representation, at 2.15%, suggesting limited opportunities for professionals to learn from other organizations directly. Similarly, formal educational programs at universities make up only 4.83%, indicating that few professionals engage in structured university-based training, perhaps due to time, financial constraints, or availability of such programs.

Table 5 presents the various types of in-service training (continuing education and professional development) that respondents wish to receive, reflecting their interests and areas for potential growth:

Table 5: What types of in-service training would you like to receive?

Types of in-service training	N	%
Opportunities to attend professional conferences	44	16.85
Online distance training courses	22	8.42
Face-to-face education or training courses	29	11.11
Professional training workshops	37	14.17
Training at your organizational location, including practice sessions (field training)	30	11.49
Formal educational programmes at universities	26	9.96
Inter-organizational exchange visits	31	11.87
Continuous onsite in-service training activities	42	16.09

Table 5 presents the types of in-service training ECI professionals would like to receive. The largest percentage (16.85%) of participants expressed interest in attending professional conferences, indicating a high demand for learning from experts and networking opportunities. Similarly, continuous onsite in-service training activities (16.09%) are highly desired, reflecting a need for ongoing, accessible training at their workplaces.

On the other hand, online distance training courses are the least requested type of training, at 8.42%, suggesting a preference for more interactive or hands-on training formats. Additionally, formal educational programs at universities are requested by 9.96% of participants, indicating moderate interest in formal academic training but potentially lower demand due to time or financial constraints.

Participants indicated a variety of supervision and professional support mechanisms available to them. The most frequently reported form of support was coaching and mentoring, which was utilized by (35.0%) of respondents. Additionally, (21.0%) of professionals benefited from supportive reflective supervision. A significant portion,

(28.0%), engaged in reviewing child and family files as part of their supervision. Some professionals also received informal in-service training as needed, as noted by (10.0%) of respondents. In contrast, a smaller group, representing (5.0%), reported that they do not receive any supervisory support, and only (1.0%) mentioned that their support comes from observation of centre-based visits. This data illustrates the range of supervisory support options available to professionals in the field.

Table 6 outlines the top five challenges and needs identified by respondents regarding Early Childhood Intervention (ECI) services, highlighting key areas for improvement and focus:

Table 6: Top five challenges and needs of ECI services

ECI service challenges and needs	N	%
Inadequate policies, plans, laws and regulations for ECI organizations	30	9.09
Weak ECI organizational structure for intersectoral planning, financing, and coordination	25	7.5
Inadequate national survey data on developmental delays and disabilities	33	9.90
Stigma and lack of inclusion of children with developmental disabilities in communities	35	10.51
Lack of agreement regarding core ECI concepts	7	2.10
Lack of regular developmental monitoring, screening services and referrals to ECI services	18	5.40
Lack awareness of ECI services on the part of national, (regional) and municipal governments	32	9.60
Lack of awareness of ECI services on the part of families and local communities	12	3.60
Lack of advocacy for ECI services	13	3.90
Inadequate funding to meet ECI organizational costs and expand ECI services	31	9.30
Difficulty accessing and serving families in remote rural areas and minority ethnic groups	21	6.30
Lack of supervisory services, including mentoring, coaching and reflective supervision	6	1.80
Lack of an ECI monitoring and evaluation system, including a manual with monitoring and evaluation instruments	6	1.80
Lack of computers, tablets and other technologies for ECI organizations	9	2.70
Lack of an ECI coalition or network to promote ECI service growth and improvement	4	1.20
Lack of ECI home-visiting services	21	6.40
Inadequate ECI service contents: curricula, educational materials and methods	8	2.40
Lack of transportation for home visiting	13	3 .90
Too much reporting and paperwork	3	0.90
Lack of professional guidelines for ECI	6	1.80

This table outlines the primary challenges and needs within Early Childhood Intervention (ECI) services, highlighting both the most and least prevalent issues faced by ECI providers.

The largest percentage (10.51%) identifies stigma and lack of inclusion for children with developmental disabilities as a major challenge, reflecting the need for community acceptance and inclusive practices. Close behind, inadequate national survey data on developmental delays and disabilities (9.90%) points to a significant gap in data, which is essential for planning and service development. Inadequate policies, plans, laws, and regulations specific to ECI organizations (9.09%) also represent a substantial barrier, as does inadequate funding to meet

organizational costs (9.30%).

On the other hand, the smallest percentage (0.90%) concerns excessive reporting and paperwork, suggesting that while documentation may be an administrative burden, it is less pressing compared to other structural and systemic challenges. Other lesser-cited issues include the lack of an ECI coalition or network (1.20%) and inadequate supervisory services (1.80%), which, while important, may be secondary to more immediate needs like funding and policy development.

Table 7 outlines the key recommendations from participants aimed at improving and expanding ECI services in our country, reflecting their insights on effective strategies for advancement:

Table 7: Top five recommendations for improving and expanding ECI services in our country

Top five recommendations	N	%
Expand advocacy to reduce stigma and discrimination	35	9.18
Expand advocacy to increase demand for and expand ECI services	24	6.29
Develop national policies, plans, laws and regulations for ECI services	22	5.77
Achieve greater equity through improving access to ECI services	24	6.29
Improve the organization and coordination of ECI services with other services	20	5.24
Establish a nationwide system for regular developmental monitoring, screening and referrals	22	5.77
Provide high-quality and comprehensive child and family developmental assessments	21	5.51
Develop a coalition or network of services for ECI	13	3.41
Provide more home-visiting services	25	6.56
Offer more parenting education and support services	38	9.97
Give more opportunities for parent involvement in organizations for ECI	12	3.14
Improve contents for ECI services: curricula, educational materials and methods	16	4.19
Improve and expand pre- and in-service training for professionals who provide services for ECI	14	3.67
Provide in-service training on contemporary services for personnel who deliver ECI services	20	5.24
Improve and expand systems for supervision, coaching and mentoring of professionals and paraprofessionals in ECI	11	2.88
Expand services to rural regions, remote areas and minority ethnic groups	26	6.82
Develop a national monitoring and evaluation system for ECI organizations	7	1.83
Expand government/ministerial funding for ECI services at the central, (regional) and municipal levels	18	4.72
Provide computers, tablets and other technologies requested by organizations delivering services for ECI	6	1.57
Conduct national surveys to gather data on young children with developmental delays and disabilities	7	1.83

This table highlights the most recommended actions to improve and expand Early Childhood Intervention (ECI) services. The highest recommendation, cited by 9.97% of respondents, is to offer more parenting education and support services, showing a clear need for better resources to help families. Following closely, expanding advocacy to reduce stigma and discrimination (9.18%) is prioritized to promote acceptance of children with developmental delays and disabilities.

Additional key recommendations include providing more home-visiting services (6.56%) and expanding advocacy to increase demand for ECI services (6.29%). Both recommendations indicate the importance of accessibility and community engagement in ECI. Similarly, achieving greater equity by improving access to services (6.29%) reflects a desire for broader service availability, particularly for underserved populations.

In contrast, the least-cited recommendation (1.57%) is to provide technologies such as computers and tablets for ECI organizations, suggesting that technological tools, while beneficial, are considered less critical compared to direct service improvements. Other lower-cited suggestions include developing a national monitoring and evaluation system and conducting national surveys on developmental delays (each at 1.83%), indicating these are valued but may not be seen as immediate priorities compared to more direct service enhancements.

Discussion

The findings of this study echo those of Guralnick (2011), who emphasized that children in Early Childhood Intervention (ECI) programs often face a complex interplay of developmental delays, behavioral regulation needs, and disabilities. Our data similarly reflect a high percentage of children with overlapping conditions, notably those exhibiting both developmental and behavioral or emotional regulation needs. This pattern aligns with observations by Keenan et al. (2019), who reported frequent co-occurrence of developmental delays and behavioral issues, particularly among "at-risk" groups, such as children born pre-term or with low birth weight.

Socioeconomic factors play a crucial role in access to ECI services, as highlighted by Barnett (2013), who found that affordability and accessibility challenges often impact families in low- and middle-income regions. This may help explain the predominance of middle-income families in our sample, as lower-income families encounter barriers like transportation costs, which limit their access to regular ECI sessions. Anderson et al. (2020) found that fewer families in lower-income areas can afford regular ECI services, possibly contributing to the lower representation of higher-income families in our study, who might opt for private services instead.

In terms of professional involvement, our findings align with Dunst et al. (2007), who observed that ECI programs often involve a diverse team, primarily comprising early childhood development and special education professionals. Similarly, our data show a strong representation of these professionals in ECI services. This interdisciplinary approach is crucial, particularly in resource-limited areas, as it ensures comprehensive support across developmental domains (Guralnick & Bruder, 2016).

Session frequency and duration are additional key aspects of effective ECI service delivery. McWilliam (2010) documented that ECI services typically occur weekly or bi-weekly, with one-hour sessions, especially in family-centered models. Our findings align with this standard, showing a significant preference for one-hour sessions. Roberts et al. (2017) also noted that in regions with high demand, providers often increase session frequency to address multi-faceted needs. This is consistent with our data, where a considerable number of families receive services twice a week or more, which supports the research advocating for intensive, frequent intervention.

Common ECI services include developmental screenings, individualized service plans, and family-focused interventions. Our data show a similar trend, although community outreach activities (2.61%) and developmental screenings (5.59%) are less prevalent compared to specialized assessments and speech/language services (11.19%). Studies, such as Guralnick (2011), emphasize the effectiveness of comprehensive family-focused plans like Individualized Family Service Plans (IFSPs) in improving outcomes. Our data, with 6.71% of families receiving IFSPs, reflects this emphasis on individualized support.

Bruder (2010) found that higher service frequency benefits children with complex needs, which aligns with our data, where a substantial portion of service providers offer bi-weekly or more frequent visits. Additionally, the duration of visits, with 90.59% lasting one hour, aligns with Hebbeler and Spiker's (2016) standards for impactful engagement times.

Income-related access issues are prevalent, with our data showing a strong representation of middle-income families (77.9%). This corresponds with OECD (2019) findings that lower-income families are often underrepresented due to greater challenges in accessing regular ECI services, highlighting the need for advocacy toward more equitable ECI access.

Professional development opportunities also feature prominently, with 57.1% of participants in our sample having access to professional conferences and 51.4% to face-to-face training, reflecting Bruder and Dunst's (2008) recommendations for hands-on, practical learning environments in ECI.

Comparable studies utilizing the Methodological Guide have been carried out in various countries. In North Macedonia, Early Childhood Intervention (ECI) services face significant challenges, including rural-urban disparities, stigma, and funding limitations. Rural areas experience limited access to ECI services, highlighting the need for improved outreach to ensure equal service distributions in our study. Stigma continues to be a major barrier, affecting 10.51% of families in our study, echoing the findings of Yamamoto et al. (2014) and Hoxha and Ristovska (2024), who stressed the importance of reducing stigma to encourage greater service uptake. Furthermore, 9.3% of respondents in our data identified funding limitations as a persistent issue, consistent with UNICEF's (2023) assessment in inadequate funding.

Similar to our study, Montenegro's ECI services face challenges due to insufficient funding and limited home-visiting programs (UNICEF, 2022, Montenegro). The funding shortfall hinders sustained outreach, especially in rural areas, while the scarcity of home visits compromises personalized support for families.

The study in Serbia also highlights issues related to inadequate funding and the need for comprehensive national ECI strategies (UNICEF, 2017, Serbia). This aligns closely with our findings, emphasizing both a critical funding gap and the importance of establishing coordinated national frameworks to support ECI development.

Our study's findings on poverty, disparities in rural access, and limited home-based ECI services are mirrored in Croatia, where economic challenges, geographic isolation, and lack of in-home support similarly affect vulnerable populations (UNICEF, 2019, Croatia).

In Georgia, similar barriers such as stigma and rural challenges impact ECI programs (UNICEF, 2021, Georgia).

The challenges facing ECI in Ukraine are exacerbated by the ongoing war, creating significant obstacles to providing effective support for young children and their families (UNICEF, 2023, Ukraine). Many services are disrupted, and limited funding exacerbates these issues, leading to shortages of essential resources and qualified professionals. Financial gaps impact the scale and reach of ECI programs, despite significant international support. Additionally, societal stigma related to disabilities and developmental delays poses further barriers. Families may hesitate to access services due to social judgment, and these attitudes make it harder to implement inclusive and effective intervention. These challenges closely align with our data, indicating that both funding constraints and stigma are widespread issues affecting access to early intervention services.

Conclusion

The transdisciplinary model stands out as the most effective approach for Early Childhood Intervention (ECI) in Kosovo, offering a collaborative, integrated framework that benefits children with developmental delays and/or disabilities. This model promotes cooperation between various professionals—such as educators, therapists, and medical providers—who work together to develop and implement intervention plans tailored to the unique needs of each child and their family. In Kosovo, where resources may be limited and services often fragmented, the transdisciplinary model ensures that the child receives a comprehensive, holistic approach, drawing on the expertise of multiple professionals while maintaining a unified goal. This team-based, cross-disciplinary collaboration allows for more efficient use of resources and ensures that all aspects of the child's development—physical, cognitive, social, and emotional—are addressed in a coordinated manner.

For the transdisciplinary model to be successful in Kosovo, several improvements are needed. First, there must be a focus on building a more cohesive and well-trained workforce. Professionals across disciplines need to be trained not only in their specific fields but also in the principles of transdisciplinary collaboration. This means providing training on how to work in teams, share expertise, and integrate diverse perspectives into a unified intervention strategy. Inter-professional education should be introduced in universities and professional development programs, allowing future and current practitioners to gain skills that promote seamless collaboration across different areas of expertise.

Additionally, the establishment of a strong communication and coordination structure is essential for the effective implementation of the transdisciplinary model. In Kosovo, where services are sometimes siloed, creating a system that fosters constant communication among team members is crucial. This could include regular team meetings, case conferences, and shared documentation systems that allow for real-time updates on each child's progress. Having a designated case coordinator could help ensure that all team members are aligned and working toward the same objectives, avoiding fragmentation and ensuring that families receive consistent support across different service areas.

Access to services, particularly in rural areas, remains a significant barrier in Kosovo. The transdisciplinary model could help address this issue by encouraging the use of community-based services, mobile units, or telehealth solutions, ensuring that even families in remote areas can benefit from multidisciplinary support. Furthermore, policy changes and increased funding from the government would be necessary to support the infrastructure required for such a model, including the development of community centers, mobile services, and more accessible transportation options for families.

Finally, cultural awareness and family engagement must be central to the transdisciplinary approach. Families are integral to the success of any intervention, and the transdisciplinary model emphasizes their active involvement in the planning and implementation of services. In Kosovo, where family plays a central role in child-rearing, the model can be especially effective, but it requires sensitization to local customs and practices. Offering training for professionals on cultural competence, as well as providing support and guidance to families, can foster a collaborative environment where families feel empowered to contribute their knowledge and insights.

By focusing on these improvements, Kosovo can effectively implement the transdisciplinary model, ensuring that children with developmental delays and/or disabilities receive the comprehensive, individualized support they need to thrive. This model, with its emphasis on collaboration, holistic care, and family involvement, offers a promising path forward for ECI services in Kosovo.

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