EARLY INTERVENTION: for every child, together

a practical guide to developing an early intervention service for children with sensory disabilities



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ACKNOWLEDGEMENTS

In preparing this guide, we drew on more than 20 years of experience of Sense International Romania in early intervention, as well as on the practical experience of those directly involved in delivering early intervention services.

We interviewed the heads of three special education institutions operating early intervention support centres: Professor Coca Vasiliu, Director of "Vasile Pavelcu" Special Technological High School in Iași; Professor Ramona Vesa, Director of "Cristal" Inclusive Education School Centre in Oradea; and Professor Laura Bălăngean, Director of "Constantin Pufan" Inclusive Education School Centre in Timișoara.

A questionnaire was also developed and sent to early intervention specialists from these three centres, providing valuable first-hand perspectives on the importance of early intervention, methods used, challenges and impact: Mihaela Aionesă, Mara Apostol, Daniela Anton, Ane-Mary Furdui, Gabriela Jianu, Gyöngyike Lakatos, Eva Oprea, Miruna Pletea and Stela Roman.

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TN (Translator's Note): This guide is a translation of the original publication. Certain sections include TNs adapted for an international audience, taking into account differences in legal frameworks, educational systems, institutional structures and procedures across countries.

The English translation was produced with the assistance of ChatGPT, an AI tool developed by OpenAI. The international adaptation was carried out by Sense International Romania.

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WHY THIS GUIDE?

This guide **responds to an increasingly urgent need within communities**: the development of early intervention services for newborns and young children with sensory disabilities and their families.

When a child with disabilities is born into a family, **the key to that child's future** is diagnosis and intervention as early as possible. Only then can the family receive the support it so badly needs and the child access the therapies that are so essential.

Who is this guide for?

The guide is primarily intended for **special education institutions accredited at preschool level** (that is, institutions with special kindergarten groups).

It is equally intended for other institutions and organisations in the medical, social and educational fields involved in the journey of a child born with a sensory disability.

Specialist:

My advice to anyone wishing to work in early intervention is to arm themselves with patience, show plenty of empathy and love, and never give up, regardless of the severity of the diagnosis.

Even though there will be moments of frustration, the smallest progress made by the children becomes a real celebration for the therapist and the family. Choosing this path is absolutely worthwhile, because nothing compares with the joy of changing a child's future!

TN: while this guide primarily targets Romanian institutions in a Romanian context, the principles of setting up an early intervention service are quite similar everywhere in the world.

WHAT IS EARLY INTERVENTION?

> **Parent:**
>
> **For me, as the mother of a child with special needs, early intervention was a real breath of fresh air.**
>
> **I received support and kind words; I learned there were other parents with the same fears and worries as me; I found a family where nobody is left out.**

The first three years of life are an essential period in a child's development.

At this stage, the brain's neuroplasticity is at its highest, meaning it responds much better to environmental stimuli and has a greater capacity to learn and form new neural connections.

When developmental difficulties are identified and addressed early, a child's chances of acquiring functional skills and reaching their potential increase considerably.

By contrast, delayed intervention can make some abilities, particularly those related to language, hearing, vision or social and emotional development, more difficult to acquire or prevent them from developing fully. For this reason, early intervention should begin as soon as possible.

A range of specialised services

Early intervention is a **range of specialised services** for children aged 0–3 who experience developmental delays associated with visual or hearing disabilities, multisensory disabilities or deafblindness. Children aged 3–6 may also access early intervention services if they have not previously received specific therapies.

Its aim is to reduce the impact of these difficulties and support the child's development so they can make the most of their potential. Within an early intervention service, the child receives communication activities; sensory and cognitive education; orientation, mobility and general motor stimulation; emotional and social development activities; and physiotherapy. The family receives information and counselling.

DAVID: THE STORY OF A LITTLE HERO

A difficult beginning and the first signs of hope



Born at just 31 weeks and weighing 1,450 grams, David began life in a fierce struggle. At his first assessment by the early intervention team, he faced major difficulties: he could not hold up his head, did not move, and refused solid food and interaction. Yet he had normal hearing, a warm smile and was very attentive to sounds.

The support team and emotional connection

No hero succeeds alone, so a support network quickly formed around David. Alongside his family, a multidisciplinary team of special education specialists, physiotherapists and medical specialists began his rehabilitation. The first step was building a relationship of emotional security, the foundation for all subsequent therapies. Through systematic sensory stimulation, David gradually learned not to fear new textures or lights and became curious.

Remarkable progress and the power of early intervention



The struggle with his own body required enormous effort, but the results of physiotherapy exceeded all expectations. In time, David learned to walk independently. Today he speaks in short sentences, expresses his needs and emotions, understands instructions and interacts openly with those around him. His story shows how much early intervention can matter when specialist therapies are combined with love and the family's constant involvement.

WHAT ARE THE STEPS?

1

Identifying the need

Identify, within the school and the community, the need to establish an early intervention service for children with sensory disabilities.

2

Reviewing the legal framework

Consult the early intervention curriculum and the methodology for providing early intervention services to check whether the school and proposed service comply with existing provisions.

3

Needs assessment and application

Carry out a needs assessment together with parents and submit a request to the school inspectorate to organise such a service.

4

Organising and approving the service

The school inspectorate determines how the service is organised based on identified needs, while the school completes the administrative steps required to establish and operate it.

5

Partnerships

Identify and involve institutional partners in the medical, educational and social sectors to identify, refer and support children and families.

6

Team and training

Assemble a team of specialists and ensure their training in early intervention. *Sense International Romania has been organising Ministry of Education-accredited early intervention training courses since 2026.

7

Premises and equipment

Provide and prepare spaces for intervention and parental counselling, and purchase and organise the necessary furnishings and equipment.

Identifying the need



The experience of existing early intervention centres shows that parental involvement is **the cog that sets everything in motion**: parents play a decisive role from the very beginning.

Developing an early intervention service starts by identifying a real need in the community, and parents are the ones who can make that need visible.
A first step can therefore come from parents, who may send written requests to the school and make the case for developing these services. Based on the requests received, the institution can then seek approval for additional groups dedicated to early intervention.



RECOMMENDATION

Parents as ambassadors: Parents with positive experiences or influence can become spokespersons or ambassadors promoting early intervention.

Specialist:

Early intervention is an emotionally rewarding field, but one that requires professional rigour. You must study, continually develop your skills and preserve the tenderness and spontaneity of childhood in your heart.

It will brighten every day and help you brighten the lives of the little ones.

Reviewing the legal framework

A curriculum exists!

In 2013, Sense International Romania, together with practising early intervention specialists, developed the Early Intervention Curriculum for Children with Sensory Disabilities.

It was approved by the Ministry of Education through Order No. 3071 approving the educational content for early intervention at pre-preschool level for children with multiple sensory impairments/deafblindness.

The legislation was developed to fill a gap in pre-preschool special education law, establishing the first national guide/curriculum adapted for children with severe sensory deprivation.



ACCESS HERE!

A methodology exists!

In 2022, the Ministry of Education published the **methodology officially incorporating early intervention into the education system**. New early intervention services can be established wherever needed, provided that space, equipment and trained staff are available: *Order No. 3975 approving the framework curriculum for early intervention groups organised for children with sensory disabilities/multiple sensory disabilities and the methodology for providing early intervention services to these groups.*

The order approves two fundamental components: the framework curriculum applicable to early intervention groups and the methodology for providing early intervention services. These measures cover the pre-preschool stage and support children from the identification of a sensory impairment until their integration into preschool education, emphasising direct cooperation among teachers, specialists and families.



ACCESS HERE!

TN: review the relevant national policies, legal frameworks, and professional guidelines for early intervention services to ensure that the proposed service aligns with applicable regulations.

Needs assessment and application to establish the service



Needs assessment

Identifying the target group: Compile data on children with disabilities, developmental delays or a risk of exclusion in the community (aged 0–3/6).

Data collection tools: Use questionnaires (online or on paper) and hold meetings with parents to map actual needs (special educational support, physiotherapy, speech and language therapy).

Summarising the data: Prepare a short report demonstrating the need for the service through clear figures (e.g. number of children identified, types of therapy needed, lack of local alternatives).

Submitting the request to the School Inspectorate

Drafting the official request: Prepare a formal document explaining why establishing the service (or a unit within a County Centre for Educational Resources and Assistance/special school) is justified.

Supporting documents: Attach the needs assessment report, letters of support or signatures from parents/the community, and a proposal concerning available premises or staff, where applicable.

Registration and follow-up: Submit the request to the registry of the County School Inspectorate/Bucharest School Inspectorate and obtain a registration number to track the approval process.



RECOMMENDATION

Involve parents. When requesting staff positions or support from inspectors, the most effective tactic has been to emphasise pressure from parents.

TN: In Romania, early intervention is part of the national education system, but is tightly linked with social welfare services. Identify the relevant authorities in your country (medical, educational or social) and proceed with submitting the request to set up early intervention services based on needs assessment outcomes.

Organising and approving the service



Obtaining certificates: Before early intervention groups can be established, children must obtain educational placement certificates issued by the Placement Commission within the County Centres for Educational Resources and Assistance.

Authorisation by the Romanian Agency for Quality Assurance in Pre-University Education (ARACIP): An assessment is requested at the beginning of a school year (e.g. September–October). The process is stressful and costly (with costs linked to the national minimum wage) and involves uploading a large volume of documents to a platform. The assessment covers the entire school, not just the new service.

Inclusion in the schooling plan: After authorisation is obtained (e.g. in November), the new level must be proposed in the draft schooling plan (December–January), so that children can be admitted only in September of the following school year. The relevant legal order and educational placement certificate numbers are attached to justify the number of groups requested.

ARACIP accreditation: A centre may operate without ARACIP accreditation for up to five years on the basis of the authorisation received when it was established. The new service may be accredited within those five years.

ARACIP authorisation versus accreditation

Provisional **authorisation** is the legal permission allowing a school to open and enrol its first pupils and must be obtained before operations begin.
The ARACIP assessment focuses on initial conditions (premises, equipment, safety and planned staffing), granting the institution temporary operating status.

Accreditation is the official confirmation of educational quality, obtained only after the first cohort of pupils completes a school cycle. At this stage, ARACIP examines actual outcomes, such as pupil achievement and teaching quality, granting the school permanent status subject to reassessment every five years.



RECOMMENDATION

Plan ahead: Planning should begin approximately two years in advance, given the substantial resources involved.

TN: identify the relevant authorising body in your country, responsible with monitoring, assessing and certifying the quality of services provided for children with disabilities.

Partnerships



Successful early intervention services depend on collaboration among medical, educational and social welfare institutions.

Before establishing a new centre, it is essential to inform and engage local and county-level partners:

Medical
County hospitals, through their neonatology, ophthalmology, ear, nose and throat (ENT), paediatrics and medical genetics departments; family doctors; ophthalmology, ENT and paediatric clinics.

Educational
Special education institutions; school inspectorates; centres for educational resources and assistance.

Social welfare
General Directorates for Social Assistance and Child Protection.

RECOMMENDATION



Relationships between people are just as important as formal protocols. If relations with an institution are difficult, identify key individuals (for example, a psychologist or social worker in a maternity hospital) who can facilitate communication with the family.

Form partnerships and become part of a network. Build trusting relationships based on ongoing communication and respect. Invest time in them.

TN: identify the relevant authorities in your country in the fields of education, medicine and social welfare and bring them on board when developing a new early intervention service, as they all have a part to play in ensuring that the child and the family receive the best care and support.

SOPHIA: A JOURNEY OF LIGHT, PATIENCE AND LOVE

Early challenges and access to therapy



Sophia was born prematurely at just 28 weeks, facing severe medical problems from the very first moments of life. These led to loss of sight in her right eye and impairment of her left eye. On her doctor's recommendation, she was referred to the early intervention programme at the age of one.

The therapy plan and family involvement

At first, she was relatively inactive and showed little interest in light or sounds. Therapy focused on training functional vision, developing communication, multisensory stimulation and achieving motor independence.

Songs, rocking, massage, lights and tactile panels helped her direct her gaze, explore textures and understand cause and effect. Gradually, specialists gave Sophia increasing freedom to do things for herself. Her parents supported her every step of the way and continued the centre's activities at home.

Amazing progress and inclusion in mainstream education



Progress came remarkably quickly. After just one month, Sophia was already tracking light sources. By the age of two, she could walk independently, understand simple instructions and use around 20 words. At five, Sophia was much more independent, communicated verbally and was successfully included in a mainstream kindergarten.

Her remarkable development culminated at the age of eight when she entered the preparatory grade in mainstream education, using materials adapted to her visual needs.

Team and training



The multidisciplinary team

The key to a successful early intervention service is the team delivering it. Specialised early intervention services are provided by **special education teachers and physiotherapy teachers** with specific training in early intervention, working with all the stakeholders mentioned above.

The school's **social worker**, where there is one, is also involved in early intervention work.

Special education and physiotherapy teachers work closely with **medical personnel**, including neonatologists, audiologists, ophthalmologists, ENT specialists, family doctors, geneticists and neurologists.

An essential member of the early intervention team is the child's **family**, especially parents, but also grandparents and siblings, who can be involved at every stage.

Training

In 2026, Sense International Romania submitted an application to the Ministry of Education for accreditation of the course “Pre-preschool Early Intervention for Children with Sensory Disabilities and Multiple Sensory Disabilities”.

The course received accreditation in 2026 for a four-year period, allowing Sense International Romania to organise Ministry of Education-accredited courses.

RECOMMENDATION



Invest in building a well-trained team. An early intervention service needs highly trained specialists who are willing to keep learning.

Ensure close cooperation among specialists. For an early intervention programme to succeed, all specialists must work together: special education teachers, psychologists, physiotherapists and doctors from various specialties.

TN: identify training course providers in your country specialised in early intervention for children with sensory impairments. If no training providers are identified, reach out to neighbouring countries or even internationally.

The family as part of the team



The parent–specialist partnership

Parents' involvement at every stage of early intervention is essential because they know their child best and spend the most time with them. The parent becomes an active partner of the specialist: helping set goals, taking part in activities with the child and continuing the recommended strategies at home.

Cooperation between specialist and parent, based on trust and mutual respect, makes a significant contribution to the child's development. Building this relationship takes time. Parents may experience complex emotions after learning their child's diagnosis. The specialist's role is therefore not just to provide therapy but also to listen, offer clear information and create a space in which the family feels supported and understood.

Extending support: a family-centred approach

Early intervention specialists highlighted that one of the most important lessons learned is the need to spend more time working with parents. Some believe intervention should focus equally on the family, since it is difficult to sustain a child's progress if parents do not follow therapy recommendations at home.

In their experience, parent education programmes and counselling help increase parental involvement. Counselling need not be limited to parents. Whenever possible, it is helpful to involve extended family members: siblings, grandparents and other people close to the child.



RECOMMENDATION

Give parents time and attention. Ideally, one therapist specialised in parent counselling should work with the parents and a different therapist with the child, because the emotional burden is very high.

The parent's ten commandments to the specialist

Norman Brown (1937–2007) was a renowned education specialist and activist dedicated to supporting people with deafblindness and multiple sensory disabilities. He was known internationally both for his academic work and for his deeply human contribution as the parent of a child with deafblindness.

Norman Brown was a key figure in developing early intervention and special education services in Romania and was actively involved in training Romanian specialists. His ten commandments remain an essential guide to building trust between families and specialists:

1. Make sure I am talking to someone who knows what they are talking about!

2. Do not forget that I know what I am talking about!

3. Try to find someone who has been through what I am going through!

4. Be honest with me!

5. Really help me, rather than just giving me instructions!

6. Involve me in everything you do with my child!

7. Do not teach my child without teaching me!

8. Accept my weaknesses!

9. Accept your own weaknesses!

10. Do not tell me you understand; show me that you understand!

Premises and equipment



Ideally, an early intervention service should have a dedicated space for therapy with children and a separate space for counselling parents. A one-way mirror (also known as observation glass or a two-way mirror) may be installed between the rooms so parents can watch sessions when they are not participating directly.

Visual stimulation

Equipment for visual stimulation uses light, colour, contrast and visual movement, such as infinity-effect LED mirrors, UV sensory kits, high-contrast visual cards, light panels and other interactive visual elements.

Hearing stimulation

Equipment is needed to explore and produce different kinds of sounds: the Echo platform, interactive panels, interactive musical mats, cause-and-effect toys, bells, musical instruments, balls and other sound-producing games and toys.

Tactile stimulation

This equipment allows children to explore different textures, shapes and sensations through touch. It includes tactile gloves, tactile wall panels, materials and objects with different textures, sensory mats, brushes or other vibrating devices, and other interactive tactile elements.

Vestibular and proprioceptive stimulation

This equipment involves movement, balance, spatial orientation and body-position awareness. It supports activities involving swinging, pressure, pushing, pulling, climbing and changing body position. Equipment may include therapeutic swings, hammocks, balance platforms, therapy balls, compression devices, mats, balance shells, climbing modules, tunnels and balance courses.

Snoezelen

The Snoezelen room is designed for controlled multisensory stimulation, relaxation and self-regulation, depending on the child's needs. Suggested equipment includes a Little Room, bubble tube, illuminated optical fibres, infinity-effect LED mirrors, light projections, light curtains, water bed or mattress, audio systems, various tactile elements, soft cushions and mats, and other comfort items.

Storage and organisation

It is important to plan for equipment storage and organisation from the initial design stage, including cupboards, shelves, shelving units, drawer units, boxes and containers.

ALEX: A BATTLE WON



Early diagnosis and the first decisions

Alex was a much-awaited child, bringing his family the joy of a dream fulfilled. Unfortunately, the first hearing tests carried out in the maternity hospital raised concerns. After repeated investigations, hearing loss in both ears was confirmed when he was just three months old. From that moment, his parents' love became a constant struggle. At four months, Alex was fitted with hearing aids in both ears; at nine months, he enrolled in the early intervention centre's programme.

The challenges of therapy and the cochlear implant

At the first assessments, Alex was restless, avoided eye contact and was difficult to engage in activities. Therapy aimed to develop the use of his residual hearing for language acquisition, stimulate attention and encourage his first sounds and words.

The journey was difficult, marked by many challenges and medical visits. At two, Alex underwent cochlear implant surgery in his left ear, a delicate procedure due to a rare complication, which he successfully overcame.

Remarkable progress and inclusion in mainstream education

The specialists' efforts and his parents' tireless dedication and boundless love began to bear fruit. Alex became calmer and more attentive, and his first sounds turned into his first words! His progress was remarkable: at three, he successfully joined a mainstream kindergarten.

Later, Alex was able to solve logic tasks above the level expected for his age, and in autumn 2026 he began attending a mainstream school. Alex's story reflects the mission of early intervention: to maximise every child's potential and give them the opportunity for a fulfilling life.

THE CHILD'S PATHWAY



Early diagnosis

The first step is to obtain a diagnosis as early as possible. Hearing screening immediately after birth for all children, as well as vision checks, are essential in cases of prematurity or other risk.

Acceptance and seeking support

The journey continues as parents come to accept the situation and diagnosis, then seek information and specialist support. Families need guidance to understand the child's needs and identify suitable intervention options.

Referral and access to services

Specialist doctors play an important role in identifying needs and directing families to the authorities responsible for referral to a specialised centre. Early access to intervention services can support development and prevent later difficulties.

Assessment and an individualised plan

On entering the centre, the child is assessed by a multidisciplinary team to identify their needs, abilities and difficulties. An Individualised Intervention Plan is then prepared, specifying goals and therapies tailored to each child, and an educational contract for service provision is signed.

Therapy and building trust

Intervention requires regular attendance at therapy and the development of trust between the family and specialists. Following the team's recommendations and attending the centre according to the agreed schedule are essential to continuity.

Continuing intervention and family involvement

Intervention is not limited to time spent at the centre. Parents become active members of the multidisciplinary therapy team, applying specialists' recommendations at home and carefully following the individualised plan. The child's progress is monitored and reassessed periodically, and the plan can be adjusted as their development and needs change.

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