National Protocol for Early Learning and Development Services

Ministry of Social and Family Development

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1. Introduction

Early intervention is pivotal in addressing the developmental needs of young children, particularly those with developmental delays or disabilities. The purpose of this document is to establish a standardized framework for delivering early childhood intervention services in the Maldives, focusing on children from **birth to age six.** This protocol is designed to enhance the development of these children and support their families, ensuring they receive the necessary services and interventions in a timely and effective manner.

This document outlines the roles and responsibilities of service providers, therapists, educators, families, and the National Social Protection Agency (NSPA), the government body in the Maldives that provides financial assistance and support services to individuals with disabilities. By adhering to these protocols, service providers can ensure the delivery of high-quality, evidence-based early intervention services that promote the inclusion and development of children within their natural environments.

Purpose:
To establish a standardized framework for delivering early childhood intervention services to young children (birth to age six) with developmental delays or disabilities in the Maldives, enhancing their development and supporting their families.

Scope:
This protocol applies to all service providers, practitioners, and stakeholders involved in early childhood intervention under the support of NSPA.

2. Definitions

2.1 Early Learning and Development Services (ELDS):

Referred to programs and initiatives designed to support the care, education, and developmental needs of young children, typically from birth to the age of six. These services cater for a child's cognitive, emotional, social, and physical growth during their most formative years.

2.2 National Social Protection Agency (NSPA):

The government body in the Maldives that provides financial assistance and support services to individuals with disabilities and their families.

2.3 Individualized Family Service Plan (IFSP):

An Individualized Family Service Plan (IFSP) is a personalized, family-centered plan that supports a child's early development from birth to age three. It focuses on key areas such as cognitive, social-emotional, language, and physical skills through tailored early intervention services. The plan also includes strategies for parents to support their child at home, while professionals collaborate to ensure the child's development is effectively supported.

2.4 Behavior Intervention Plan (BIP):

A structured, individualized plan designed to address challenging behaviors by identifying their underlying causes and implementing proactive strategies to replace them with positive, socially appropriate behaviors.

2.5 Evidence-Based Practices (EBPs):

Strategies, interventions, or techniques that have been rigorously tested and proven effective through high-quality research, demonstrating consistent positive outcomes. These practices are grounded in empirical evidence, expert consensus, and practical application, ensuring they are both reliable and applicable in addressing specific needs across various fields, including education, healthcare, and therapy.

2.6 Multi-Tiered System of Support

A framework designed to provide academic, behavioral, and social-emotional support to children via data-driven decision-making with a tiered approach to ensure that children receive the appropriate level of intervention based on their needs.

2.7 Parent

Parent in this protocol is referred to the legal guardian and caregiver of the child.

3. Key Best Practices in Early Childhood Intervention

3.1 Child and Family-Centered:

Family-centered practice is an approach that emphasizes collaboration between professionals and families, where family life, priorities, and choices guide the planning and intervention process.

3.2 Strength-based Approach:

Strengths-based practice emphasizes building on the skills and abilities of family members, supporting them in making their own decisions, and empowering them to take action within their social communities. Instead of concentrating on weaknesses or problems, this approach uses capacity-building strategies to identify and enhance individuals' strengths and talents, helping them utilize these assets to improve overall functioning. For the child, strengths-based practice involves ELDS practitioners emphasizing the child's existing abilities or emerging skills across various contexts. This approach focuses on the opportunities these abilities provide, rather than highlighting what the child cannot do or the potential challenges to their development.

3.3 Inclusive and Participatory Practices:

Acknowledges that every child, regardless of their needs, has the right to fully engage in family and community life and enjoy the same choices, opportunities, and experiences as their peers. It is essential for all children to feel accepted and develop a genuine sense of

belonging. Children with disabilities or developmental delays may need extra support to participate meaningfully in their families, communities, and early childhood settings.

3.4 Collaboration and Partnership:

Collaboration and partnership involve families and professionals working together as a cohesive and integrated team centered on the child. They communicate openly, sharing information, knowledge, and skills, with one team member designated as the key worker and primary point of contact for the family.

3.5 Evidence-Based Practices (EBPs):

ELDS services consist of practitioners with relevant expertise and qualifications who implement interventions and supports that are supported by empirical evidence, clinical expertise and family values refer to annex A for a matrix of EBPs and their definitions, which provides guidance on selecting appropriate EBPs based on specific age groups or target goals.

4 Roles and Responsibilities

4.1 Service Providers:

Responsible for coordinating care, ensuring the availability of a wide range of intervention services, and connecting families with appropriate resources. They manage the overall framework and accessibility of services, ensuring that families receive comprehensive support through early childhood centers, clinics, and community-based programs.

4.2 Families:

Families actively participate in the planning and delivery of services by contributing to the development of intervention plans, setting goals, and providing input on their child's needs. Their involvement ensures services are tailored to the child's unique requirements and promotes collaboration with professionals for better outcomes.

4.3 NSPA

Assist families in navigating the NSPA system accessing services and securing funding and financial assistance.

4.4 Therapists and Practitioners:

Specialized personnel, such as occupational therapists, speech therapists, child psychologists, special education teachers, behavioral therapists, physical therapists, social workers, developmental pediatricians, audiologists, nutritionists/dietitians, and developmental specialists, conduct assessments, develop and implement intervention plans, and monitor progress.

5 Procedures

5.1 Referral and Intake Process:

5.1.1 Referrals can be made by healthcare providers, educators, or directly by families. *Refer to Annex B for the referral pathway, detailing the process from identification of concern to comprehensive evaluation, service provision, and transition. Additionally, the service provider referral form can be found in Annex C.*

5.1.2 Conduct an initial intake meeting to gather information about the child's developmental history, current concerns, and family needs.

5.2 Assessment and Planning:

5.2.1 Document session progress, achievements, and challenges using a range of methods tailored to the child’s needs. In addition to standardized approaches, incorporate various types of formative assessments both informal and formal as well as direct and indirect methods to address the differing needs of the child.

- Universal screening: Identifies children who may be at risk for reading difficulties, ensuring early detection and timely intervention for optimal outcomes.
- Progress monitoring: Provides ongoing assessments to evaluate child’s growth and measure the effectiveness of implemented interventions.

- Diagnostic assessment: Administered to children requiring a more detailed evaluation. Conduct a comprehensive, multidisciplinary assessment to identify the child's strengths, needs, and developmental delays. This assessment must be standardized and administered by a licensed professional or under the supervision of a licensed professional. This assessment helps in developing individualized intervention plans, particularly for children with complex profiles or specific challenges.

5.2.2 Develop activities, services, and supports that are grounded in EBPs and align with each client's goals, interests, strengths, and needs as outlined in their IFSP. *Refer to Annex D for the template of the IFSP, which details all the components that need to be included to ensure comprehensive and tailored support for the family.*

5.2.3 Include clients and those important to them in the planning, allowing them to exercise control and make informed decisions.

5.3 Planning

5.3.1 Provide services as outlined in the IFSP, which may include early learning and developmental services, specialized instruction (e.g. literacy and numeracy intervention), speech therapy, occupational therapy, physical therapy, behavioral therapy, family training and psychosocial support.

5.3.2 Each session plan should directly support the goals and objectives specified in the child's IFSP. Identify and select activities that align with these objectives to ensure consistency and targeted progress.

5.3.3 Services should be provided in a natural environment whenever possible. Natural settings in this context include the home, community spaces (such as parks, libraries, and grocery stores), childcare centers, and outdoor play areas. The environment shall be characterized by their familiarity with children, allowing them to engage in everyday activities with family, peers, and caregivers.

5.4 Documentation and Record-Keeping:

5.4.1 Use of standard format across all documentation to maintain clarity and uniformity.

5.4.2 Document sessions and any relevant interactions, ideally within 48 hours, to ensure accuracy. This can include comprehensive observational notes, digital management software, customized daily reports summarizing essential information, and mobile applications for easy documentation.

5.4.3 Follow data protection standards by securely sorting both hard and digital records, ensuring only authorized personnel have access.

5.5 Monitoring and Review:

5.5.1 Regularly review the child's progress and update the IFSP as needed, typically every six months or as significant changes occur.

5.5.2 During the first year of intervention, progress monitoring should occur at 1-month, 3-month, 6-month, and 12-month intervals. Following the first year, progress monitoring should be conducted every six months.

5.5.3 The results of the progress monitoring need to be shared with the family as well as NSPA. *Refer to* ***Annex E*** *for the progress report template.*

5.6 Quality Assurance and Improvement

5.6.1 **Feedback and Complaints**:

i. Implement a clear process for families to provide feedback or file complaints about services. This should include a timeline for responses.
ii. Use collaborative problem-solving to address concerns and mutual understanding.
iii. Address and resolve complaints in a timely, respectful and transparent manner.

5.6.2 **Staff Training and Development**:

- Ensure that all staff engage in regular training, workshops, and professional development opportunities to enhance skills and stay updated on best practices. Some complementary and supplementary modules for training are given below.

i. Compulsory Modules

- First Aid
- Best Practices for Writing Individualized Education Plans
- Evidence-Based Intervention Techniques (every 6 months)
- Family-Centered Planning (yearly)
- Positive Behavior Support
- Crisis Management and De-escalation
- Inclusive Practices in supporting children with diverse needs (yearly)

ii. Supplementary Modules

- Introduction to Early Childhood Development (refresher)
- Infant and Toddler Development and Care
- Role of Sensory Skills and Strategies to Support Sensory Integration
- Trauma-Informed Practices
- Personalized Curriculum Development and Implementation
- Digital Data Collection
- Generative AI
- Functional Behavior Analysis

5.6.3 **Evaluation and Improvement**:

- Regularly evaluate service effectiveness through outcomes measurement and incorporate feedback to continuously improve services.

5.6.4 For the professionals working, scope of study/work must align with Maldives Allied Health Council categories.

5.7 Ethical Considerations

5.7.1 Ensure all services are provided ethically, respecting the dignity, rights, and autonomy of the child and family.

5.7.2 Maintain confidentiality of all client information and records.

5.8 Legal and Regulatory Compliance

5.8.1 Comply with all relevant Maldivian laws, regulations, and standards governing early childhood intervention and disability services, including guidelines provided by the NSPA. **Key guiding documents and regulations include;**

5.8.1.1 The United Nations Convention on the Rights of Persons with Disabilities

5.8.1.2 Disability Act 08/2010

5.8.1.3 Education Act 24/2020 and related regulations

5.8.1.4 Inclusive Education Policy 2021

5.8.1.5 Psychology and Counseling Professionals Registration and Licensing Pathways 2022

5.8.1.6 The Maldives National Professional Standards for Teachers 2023

5.8.1.7 Health Professionals Act 13/2015

5.8.1.8 Health Services Act 29/2015

5.8.1.9 Regulation on Operating Healthcare Centers (R-2021/R-28)

5.9 Emergency Procedures

5.9.1 Always consider the least restrictive, most supportive intervention. Prior to considering physical engagement, therapists, educators or support staff have a wide range of possible options. These include moving other children and staff out of a room while monitoring the child in crisis; keeping furniture or other objects between staff and the child; introducing calming stimuli into the situation, such as a favored staff person or music; and engaging in active listening. It is also important for therapists and educators to include strategies in their plan for how best to de-escalate the child and situation once the major crisis is over.

5.9.2 In cases of high-risk behaviors (e.g., aggression, self-harm), develop specific protocols for crisis situations, including de-escalation techniques and when to involve additional personnel or emergency services.

5.9.3 Therapists/educators are required to document and report any injuries or incidents that occur during sessions, following a standardized incident reporting form

6. Funding and Financial Assistance

6.1 Funding Sources:

Identify funding sources within NSPA programs and/ or private insurance, and grants.

6.2 Eligibility Criteria:

Define criteria for accessing NSPA funding and other financial support.

6.3 Application Processes:

Outline the process for applying for NSPA funding and other support, including necessary documentation.

6.4 Funding Management:

Ensure transparent and efficient management of funds allocated for early intervention services.

6.5 Coordination of Benefits:

Coordinate multiple funding sources to maximize resources and avoid service gaps.

6.6 Client and Family Responsibilities:

Explain the responsibilities of families in maintaining eligibility and compliance with funding requirements.

6.7 Financial Counseling and Support:

Provide financial counseling and support to help families understand and manage their funding options.

6.8 Appeals and Disputes:

Describe the process for appealing funding decisions and resolving disputes related to funding.

6.9 Review and Revision

Regularly review and update the protocol to ensure it remains effective, incorporating new research, best practices, and changes in legislation or NSPA guidelines

Specific Standards for ELDS

1. SPECIFIC STANDARDS - (ELDS)

Early Learning and Development Services (ELDS) offer a holistic, inclusive and integrated approach to supporting the growth and development of young children from birth to age six. By addressing various developmental domains—cognitive, motor, social-emotional, communication, and adaptive behavior—through a combination of educational, therapeutic, health, and family support services, these programs aim to ensure that each child reaches their full potential during the critical early years of life. These services will be provided by early interventionists, namely, special educators, early childhood educators, and psychological associates, all working under the supervision of a special education specialist and/or a licensed psychologist to deliver tailored, high-quality interventions.

Here are several reasons why you should consider ELDS;

1.1. Developmental Range: Children between the ages of 0-6 years exhibit a wide range of developmental stages and abilities. Playgroups designed for this age group typically accommodate this variability by offering diverse activities that cater to different skill levels and interests.

1.2. Universal Design for Learning: Early interventionists design their learning environment as a fair and equitable place for all children by providing them with multiple means of representation, knowledge expression and learner engagement.

1.3. Play-Based Learning: Young children learn best through experiences that match their developmental stage. Play is inherently engaging and age-appropriate, making it an effective medium for fostering growth across cognitive, social, emotional, and physical domains.

1.4. Relationship-based: Humans are inherently social beings, and relationships play a vital role in fostering human development. ELDS leverage the emotional and affective connections within these relationships to support and enhance developmental growth effectively.

1.5. Observation and Early Identification: Early interventionists are trained to observe children and note any potential developmental concerns. By incorporating universal screening and benchmarking practices, they can systematically identify children at risk of developmental delays or learning challenges. These observations and screenings facilitate early identification and referral for further assessment, ensuring that children

who may need additional support are recognized and provided with the necessary interventions as early as possible.

1.6. **Social Integration**: Inclusive playgroups foster social integration by allowing children of all abilities to interact, play, and learn together. This environment promotes understanding, acceptance, and peer support among children.

1.7. **Parent and Caregiver Involvement**: Inclusive playgroups often encourage parent and caregiver involvement, providing support and education that can help families understand and meet their children's developmental needs.

2. MULTI-TIERED SYSTEM OF SUPPORT

The Multi-Tiered System of Supports (MTSS) is a comprehensive framework designed to provide academic, behavioral, and social-emotional support to all children. It integrates data-driven decision-making with a tiered approach to ensure that children receive the appropriate level of intervention based on their needs. MTSS promotes equity by identifying and addressing barriers to learning, ensuring that every child has access to high-quality instruction and interventions. Refer to figure 1 for a summary of the three tiers of the MTSS, outlining the levels of intervention and support provided. ELDS will operate within the framework of MTSS, ensuring that the support provided is both inclusive and aligned with the best practices for addressing diverse developmental needs.

Tiers within MTSS:

- **Tier 1**: Universal supports for all children, including evidence-based instruction and strategies delivered in the general education classroom.
- **Tier 2**: Targeted interventions for children who require additional support beyond the universal level.
- **Tier 3**: Intensive, individualized interventions for children with significant needs.

Role of Early Interventionists Within the MTSS Framework:

Early interventionists are integral to the successful implementation of MTSS. Their responsibilities include:

- **Tier 1**: Collaborating with general education teachers to design and implement inclusive, high-quality instruction for all children.

- **Tier 2**: Delivering small-group interventions and monitoring progress to ensure targeted support meets children's needs.
- **Tier 3**: Providing individualized, evidence-based interventions for children requiring intensive support. For instance, a child needing intensive literacy intervention might work with a certified dyslexia specialist or reading interventionist.

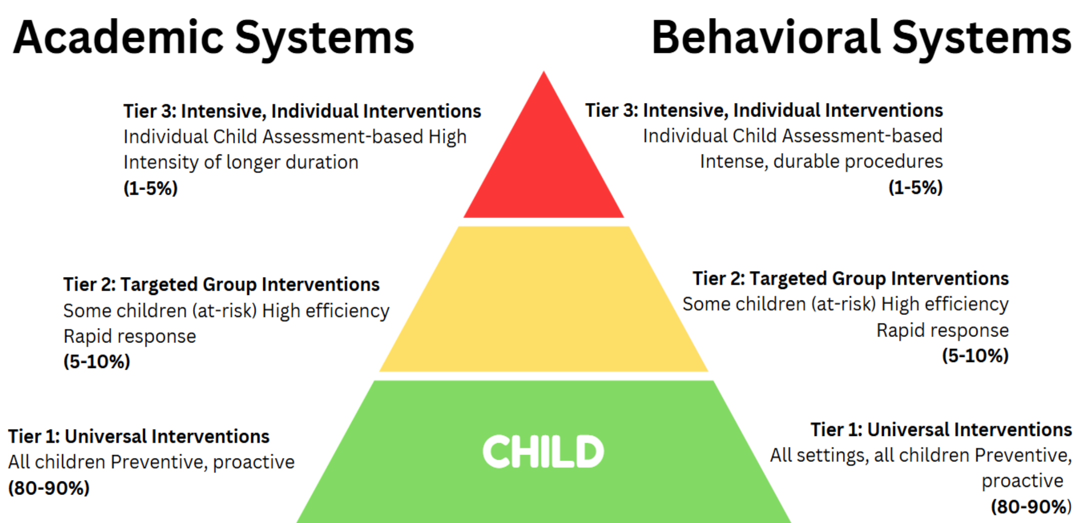

Figure 1. Multi-Tiered Systems of Support

To effectively operate within the MTSS framework, early interventionists, particularly those working at Tier 3, require additional certifications and training to deliver specialized services, such as behavior management strategies, social-emotional learning (SEL) programs, or specific therapeutic interventions. This ensures they are equipped to provide intensive, individualized support for children with greater needs. Collaboration with families and other professionals, including occupational therapists, speech therapists, and psychologists, is essential to provide a holistic approach to addressing each child's unique needs.

Detailed Roles of Early Interventionists:

2.1. Developmental Screening and Assessment

Conduct Initial Assessments: Use a combination of standardized tools, formal and informal assessments, as well as direct and indirect observational methods to assess a child's developmental status across multiple domains including cognitive, motor, social-emotional, communication, and adaptive behavior).

2.2. Individualized Family Service Plan (IFSP) Development

- **Collaborative Planning**: Work with families and other professionals to develop an IFSP that outlines the child's current levels of development, family priorities, measurable goals, and the specific early intervention services needed.
- **Timings**: Give specific timeline and frequency of sessions depending on the support need of the child. The timeline and frequency of sessions will be tailored to the child's support needs, with a total range of 50 to 150 hours. Justification for additional hours may include high support needs, the need for skill generalization, caregiver training, or slower progress that requires ongoing monitoring and intervention.
- **Family-Centered Approach**: Ensure that the plan reflects the family's preferences, strengths, and needs, recognizing that families are central to the child's development.

2.3. Direct Intervention Services

- **Tailored Interventions**: Design and implement individualized interventions based on the child's unique needs and the goals outlined in the IFSP and/or BIP.
- **Developmentally Appropriate Activities**: Engage children in play-based and developmentally appropriate activities that promote learning and skill development.
- **Learning Strategies**: Use evidence-based teaching methods and strategies to promote learning and development.
- **Targeted Skill Development**: Provide direct instruction aimed at developing cognitive, physical, communication and language, social-emotional, and functional adaptive skills.
    - **Cognitive Skills**: refers to growth in a range of thinking and learning skills, including attention, planning, problem-solving and memory.

- **Communication and Language Skills**: This encompasses both expressive and receptive language skills, including speaking, understanding, and using non-verbal communication methods.
- **Physical Skills**: This domain covers both fine motor skills (such as grasping and manipulating objects) and gross motor skills (such as crawling, walking, and balancing).
- **Social-Emotional Skills**: This includes building skills in five core areas: self-awareness, self-management, social awareness, relationship skills, and responsible decision making.
- **Functional Adaptive Skills**: These involve self-care abilities such as eating, dressing, and toileting, which enable a child to perform everyday tasks independently.
- **Sensory Skills**: This is the ability to receive and process information from the environment and body through the senses

2.4. Family Training and Support

- **Empower Families**: Provide families with strategies and techniques to support their child's development at home.
- **Educational Workshops**: Conduct workshops or training sessions for parents and caregivers on topics related to child development and effective intervention practices.
- **Ongoing Communication**: Maintain regular communication with families to discuss progress, address concerns, and adjust strategies as needed.

2.5. Collaboration with Other Professionals

- **Interdisciplinary Teamwork**: Collaborate with a team of professionals, including speech therapists, occupational therapists, physical therapists, psychologists, and pediatricians, to provide comprehensive support.
- **Coordinated Services**: Ensure that the child's interventions are well-coordinated across different service providers to maximize effectiveness.

2.6. Monitoring and Evaluation

- **Track Progress**: Regularly monitor and document the child's progress towards the goals outlined in the IFSP. *The progress report template can be found in **Annex E**.*

- **Adjust Interventions**: Modify interventions and strategies based on the child's response and progress.
- **Periodic Reviews**: Conduct formal reviews of the IFSP at least every six months, or more frequently if needed, to update goals and services.

2.7. Transition Planning

- **Prepare for Transitions**: Support children and families as they transition from early intervention services to preschool or other educational settings.
- **Coordinate with Schools**: Work with receiving schools or programs to ensure a smooth transition and continuity of services.
- **Develop Transition Plans**: Create detailed transition plans that outline steps and support needed for the child to adjust to the new setting.

2.8. Advocacy and Resource Referral

- **Advocate for Services**: Help families navigate the system to access necessary services and supports.
- **Connect with Resources**: Provide information and referrals to community resources, support groups, and additional services that can benefit the child and family.

2.9. Environmental Adaptations

- **Creating Inclusive Environments**: Design and adapt the physical and social environment to support the needs of all children.
- **Technology Integration**: Identify and implement appropriate mainstream and assistive technology to support learning and development.
- **Practical Examples of Early Intervention Activities**
  - **Language and Communication**: Engaging a child in interactive story-time to enhance phonological and phonemic awareness, vocabulary and comprehension skills.
  - **Motor Skills**: Using playdough and building blocks to improve fine motor skills and hand-eye coordination.
  - **Social-Emotional Development**: Facilitating group activities that encourage turn-taking, sharing, and cooperative play.

- **Cognitive Development**: Introducing simple puzzles and matching games to develop problem-solving skills and cognitive processing.
- **Adaptive Skills**: Teaching a child to independently dress themselves by using a step-by-step approach, breaking down tasks like putting on a shirt or shoes into manageable steps, and providing visual cues and prompts as needed.

3. KEY QUALIFICATIONS, CREDENTIALS AND SKILLS

Early interventionists working with children with developmental delays or disabilities in a therapeutic setting should have a combination of formal education and professional certification and practical experience. The qualification should equip them with knowledge and skills to address the unique needs of young children with developmental challenges. Please find key qualifications, credentials and skill requirement in annex F.

4. INFRASTRUCTURE

Here are the infrastructure requirements for these key areas:

4.1. Play-Based Learning Environment

- **Flexible Spaces**: Large, open areas that can be easily reconfigured for different activities and group sizes.
- **Safe Flooring**: Soft, non-slip flooring to ensure safety during active play.

4.2. Equipment and Materials:

- **Variety of Toys**: A wide range of toys that promote different types of play, including sensory, manipulative, pretend play, and construction toys.
- **Adaptive Toys**: Accessible toys designed for children with physical or developmental disabilities.
- **Outdoor Play Area**: If possible, a secure outdoor space with playground equipment suitable for young children.

4.3. Sensory-Friendly Features:

- **Sensory Play Materials**: Items such as water tables, sandboxes, tactile surfaces, and sensory bins.
- **Calming Areas**: Quiet corners or rooms with soft lighting, cushions, and sensory items like weighted blankets or tactile walls for children who may become overstimulated.

4.4. Individual Session Rooms

- **Privacy and Comfort**:
  - **Private Rooms**: Soundproof, private rooms to ensure confidentiality and minimize distractions during one-on-one sessions.
  - **Comfortable Seating**: Child-sized tables and chairs, as well as comfortable seating for parents or caregivers who may be present.

4.5. Therapeutic Equipment:

- **Specialized Tools**: Access to materials and tools specific to the child's needs, such as visual aids, communication boards, and fine motor skill toys.

4.6. Mainstream Assistive Technology: Tools and devices that enhance learning, communication, and independence by supporting children's abilities and accommodating their specific needs.

4.7. Environment:

- **Personalization**: Ability to personalize the space with visuals and materials relevant to the child's interests and therapy goals.
- **Calm Atmosphere**: Soft lighting and neutral colors to create a calming environment conducive to learning.

4.8. Social Skills Training Area

- **Group Activity Space**:
  - **Open Space**: An open area with enough room for small groups of children to interact and engage in activities.
  - **Moveable Furniture**: Lightweight, movable furniture to easily create different configurations for group activities.

4.9. Interactive Tools and Materials:

- **Role-Playing Props**: Costumes, puppets, and props to facilitate role-playing scenarios.
- **Social Stories**: Visual aids and books that illustrate social situations and appropriate behaviors.
- **Games and Activities**: Board games, cooperative games, and interactive activities designed to teach social skills such as sharing, turn-taking, and communication.

4.10. Sensory and Emotional Regulation Tools:

- **Quiet Zones**: Areas where children can take breaks if they feel overwhelmed.
- **Emotion Charts**: Visual aids to help children identify and express their emotions.

4.11. General Infrastructure Requirements

4.11.1 Accessibility:

- **Wheelchair Accessibility**: Wide doorways, ramps, and accessible restrooms to accommodate children with mobility challenges.
- **Adaptive Equipment**: Availability of adaptive devices and technology to support children with various disabilities.

4.11.2 Safety and Hygiene:

- **Childproofing**: Ensure all areas are childproofed with safety locks, covered outlets, and secure storage for hazardous materials.
- **Hygienic Practices**: Regular cleaning schedules and accessible hand sanitizing stations.
- **Clean Drinking Water:**
- **Surveillance:** Access control and CCTV in therapy rooms, safe room and common areas
- **First Aid:** general first aid, medical first aid.

4.11.3 Inclusive Design:

- **Universal Design Principles**: Incorporating universal design principles to create spaces that are usable by all children, regardless of their abilities.
- **Multisensory Environments**: Designing spaces that cater to multiple senses to engage children with diverse sensory needs.

4.11.4 Collaborative Workspaces

- **Team Meeting Rooms**:
  - **Shared Spaces**: Rooms where special educators can collaborate with other therapists and staff to plan and discuss interventions and progress.
  - **Technology for Collaboration**: Access to video conferencing tools, shared digital platforms, and other collaborative technologies.

- **Family Involvement Areas**:
  - **Family Rooms**: Comfortable areas where families can meet with educators and therapists, observe sessions, and participate in training or workshops.

- **Resource Centers**: Areas stocked with informational materials, resources, and tools that families can use to support their child's development at home.

4.11.5 Safe Room for Crisis Situations and De-escalation

- **Location**:
  - **Proximity**: Ideally located near therapy rooms and common areas but slightly isolated to minimize stimuli and noise.
  - **Accessibility**: Easily accessible for staff to quickly escort a child in crisis.
- **Size and Shape**:
  - **Moderate Size**: Spacious enough to allow movement but small enough to feel contained and secure.
  - **No Sharp Corners**: Rounded edges and corners on all fixtures and walls to prevent injury.
- **Soft Surfaces**:
  - **Padded Walls and Floors**: Soft, padded materials to cushion impact and prevent injuries.
  - **Non-Slip Flooring**: Safe, non-slip surfaces to reduce the risk of falls.
- **Minimal Furniture**:
  - **Secured Fixtures**: Any necessary furniture (like cushioned benches or mats) should be securely fastened to the floor or walls.
  - **No Loose Items**: Avoid loose objects that could be thrown away or used destructively.
- **Lighting**:
  - **Adjustable Lighting**: Soft, adjustable lighting to create a soothing atmosphere. Dimmer switches to control brightness.
  - **Natural Light**: If possible, include a window with secure coverings that can be adjusted to control natural light exposure.
- **Sound Control**:
  - **Soundproofing**: Soundproof walls to minimize external noise and prevent loud outbursts from disturbing others.
  - **White Noise Machines**: Optional use of white noise or calming sounds to help reduce stress and anxiety.

- **Sensory Tools**:
  - **Calming Items**: Weighted blankets, sensory cushions, and other calming tools that children can use to self-soothe.
  - **Visual Aids**: Soft, muted colors on walls and calming visual stimuli, such as nature scenes or aquariums
- **Observation**:
  - **One-Way Mirror or Camera**: A discreet camera system (with appropriate privacy and consent protocols) to allow staff to monitor the child without intruding.
  - **Frequent Checks**: Regular visual checks by trained staff to ensure the child's safety.
- **Emergency Protocols**:
  - **Emergency Call System**: A call button or intercom system for the child or staff to request immediate help if needed.
  - **Crisis Team:** Possible members are the principal/head, counselor, psychologists, therapists, special education staff, information technology staff, member of office staff.
  - **First Aid Supplies**: Basic first aid supplies readily available outside the room.

4.12 Usage Guidelines

Physical restraint or seclusion should not be used except in situations where the child's behavior poses imminent danger of serious physical harm to self or others and restraint and seclusion should be avoided to the greatest extent possible without endangering the safety of children and staff. (USDOE, 2012 as cited in Brown et al., 2019)

4.12.1 Trained Staff:

Specialized Training: Staff should be trained in crisis intervention and de-escalation techniques, such as Mandt training, to ensure they can effectively manage challenging situations, including the use of the safe room.

4.12.2 Structured Protocols:

- **Clear Guidelines**: Establish clear, written protocols with prescriptive strategies outlining when and how to use the safe room, ensuring it is strictly last resort and employed only when necessary.

- For children who may escalate to a dangerous level, it is critical that personnel consider possible physical intervention procedures as part of a BIP. They may be acceptable when support personnel consider
  (1) obtaining informed parental consent, and
  (2) obtaining state review/approval for any proposed procedures.
- **Documentation**: Episodes involving restraint or seclusion must be documented and reported to the appropriate administrative personnel. It is important to remember that the need for such procedures is a sign that the BIP needs revision.

5. CONCLUSION

By adhering to this national therapeutic protocol, service providers in the Maldives will ensure the delivery of consistent, high-quality, and effective early childhood intervention services, supporting the developmental needs of children and the well-being of their families within the framework of NSPA support.

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Annex A: Evidence-Based Practices (EPB) Matrix

Evidence-Based Practices See Table 3.1 to link abbreviations to EBPs	Academic/ Pre-academic			Adaptive/ Self-help			Challenging/ Interfering behavior			Cognitive			Communi-cation			Joint attention			Mental health			Motor			Play			School readiness			Self-determination			Social			Vocational		
	0-5 years	6-14 years	15-22 years	0-5 years	6-14 years	15-22 years	0-5 years	6-14 years	15-22 years	0-5 years	6-14 years	15-22 years	0-5 years	6-14 years	15-22 years	0-5 years	6-14 years	15-22 years	0-5 years	6-14 years	15-22 years	0-5 years	6-14 years	15-22 years	0-5 years	6-14 years	15-22 years	0-5 years	6-14 years	15-22 years	0-5 years	6-14 years	15-22 years	0-5 years	6-14 years	15-22 years	0-5 years	6-14 years	15-22 years
ABI																																							
AAC																																							
ASI®																																							
BMI																																							
CBIS																																							
DR																																							
DI																																							
DTT																																							
EXM																																							
EXT																																							
FBA																																							
FCT																																							
MD																																							
MMI																																							
NI																																							
PII																																							
PBII																																							
PP																																							
R																																							
RIR																																							
SM																																							
SN																																							
SST																																							
TA																																							
TAII																																							
TD																																							
VM																																							
VS																																							

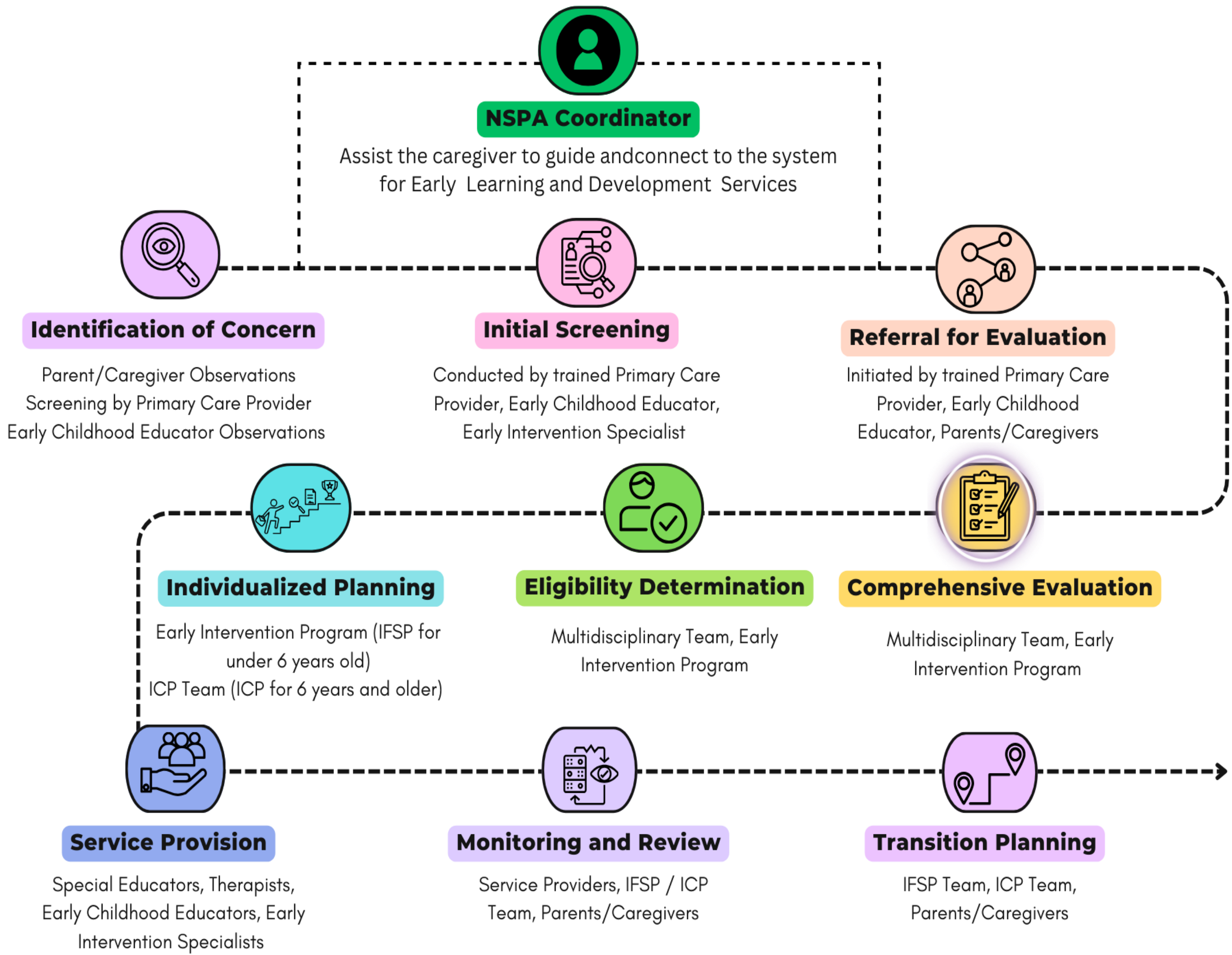
EBPs definitions:

Antecedent-Based Interventions (ABI):	Arrangement of events or circumstances that precede an activity or demand to increase the occurrence of a behavior or reduce challenging/interfering behaviors.
Augmentative and Alternative Communication (AAC):	Interventions using and/or teaching a system of communication that is not verbal/vocal, which can be aided (e.g., device, communication book) or unaided (e.g., sign language).
Behavioral Momentum Intervention (BMI):	The organization of behavior expectations in a sequence, embedding low-probability (difficult) responses among high-probability (easier) responses to increase persistence and the occurrence of low-probability responses.
Cognitive Behavioral/Instructional Strategies (CBIS):	Instruction focused on managing or controlling cognitive processes to produce changes in behavioral, social, or academic outcomes.
Differential Reinforcement (DR):	A systematic process that increases desirable behavior or reduces undesirable behavior by providing positive consequences for engaging in specific alternative, incompatible, or no behavior (e.g., DRA, DRI, DRO).
Direct Instruction (DI):	A structured teaching approach using sequenced lessons, scripted protocols, choral responses, and systematic error correction to promote mastery and generalization.
Discrete Trial Training (DTT):	An instructional approach with repeated trials, each consisting of teacher instruction, child response, planned consequences, and a pause before the next instruction.
Exercise and Movement (EXM):	Interventions involving physical exertion, specific motor skills, or mindful movement to target various skills and behaviors.
Extinction (EXT):	The removal of reinforcing consequences of a challenging behavior to reduce its future occurrence.

Functional Behavioral Assessment (FBA):	A systematic method of determining the underlying function or purpose of a behavior to develop an effective intervention plan.
Functional Communication Training (FCT):	A set of practices that replace a challenging behavior with appropriate and effective communication behaviors.
Modeling (MD):	The demonstration of a desired target behavior, leading to the learner's acquisition of the behavior.
Music-Mediated Intervention (MMI):	Incorporates songs, melodic intonation, and rhythm to support learning or performance of skills and behaviors, including music therapy or other music-based interventions.
Naturalistic Intervention (NI):	A collection of techniques embedded in typical activities or routines to naturally promote and encourage target skills or behaviors.
Parent-Implemented Intervention (PII):	Intervention delivered by parents to promote their child's social communication, other skills, or reduction of challenging behaviors.
Peer-Based Instruction and Intervention (PBII):	Intervention where peers promote social interactions and individual learning goals, often supported by teachers or adults through prompts and reinforcement.
Prompting (PP):	Verbal, gestural, or physical assistance provided to help learners acquire or engage in a targeted behavior or skill.
Reinforcement (R):	The application of a consequence following a learner's response that increases the likelihood of the response occurring in the future.
Response Interruption/Redirection (RIR):	The introduction of a prompt, comment, or distractor during an interfering behavior to divert the learner's attention and reduce the behavior.
Self-Management (SM):	Instruction to help learners discriminate between appropriate and inappropriate behaviors, monitor and record their own behaviors, and reward themselves for appropriate behaviors.
Sensory Integration (SI):	Interventions targeting the ability to integrate sensory information (visual, auditory, tactile, proprioceptive, and vestibular) to respond with organized and adaptive behavior.

Social Skills Training (SST):	Interventions describing social situations to highlight relevant features of a target behavior or skill and offer examples of appropriate responses.
Task Analysis (TA):	A process of dividing an activity or behavior into small, manageable steps to assess and teach the skill.
Technology-Aided Instruction and Intervention (TAII):	Instruction or intervention that uses technology as the central feature to support learning or performance of a behavior or skill.
Time Delay (TD):	A practice of systematically fading prompts by using a brief delay between the initial instruction and additional instructions or prompts.
Video Modeling (VM):	A video-recorded demonstration of a target behavior or skill shown to a learner to assist in learning or engaging in the desired behavior or skill.
Visual Supports (VS):	A visual display designed to help a learner engage in a desired behavior or skill independently of additional prompts.

Annex B: Referral Summary



Annex C: Service referral form

SECTION C: IDENTIFICATION OF CONCERN(S)

REASON FOR REFERRAL: (CHECK ALL THAT APPLY)

- ◯ Developmental
- ◯ Speech and Language
- ◯ Behavioral
- ◯ Physical/Motor
- ◯ Adaptive / Self- Help

Other: ________________________________

NOTIFIED/ REFERRED BY:

- ◯ Parent/Caregiver Observation
- ◯ Screening by Primary Care Provider
- ◯ Early Childhood Educator Observation
- ◯ Other: ________________________

DETAILED DESCRIPTION OF CONCERN

*Attach related documents if required

SECTION D: INITIAL SCREENING DETAILS (IF APPLICABLE)

Screening done by:

Role/ Designation:

Screening Date: DD/MM/YYYY

Phone

Email

SCREENING FINDINGS

*Attach related documents if required

SECTION E: REFERRAL FOR (FURTHER) EVALUATION

Evaluation Requested by:

Role/ Designation:

Requested Date: DD/MM/YYYY

Phone

Email

REASON FOR EVALUATION

SECTION F: ELIGIBILITY DETERMINATION

Multidisciplinary Team Contacted: ◯ Yes ◯ No

Date of Evaluation: ____________
DD/MM/YYYY

OUTCOME OF ELIGIBILITY DETERMINATION:

*Attach related documents if required

SECTION G: COMPREHENSIVE EVALUATION

Evaluation Conducted by: ____________

Role/ Designation: ____________

EVALUATION SUMMARY:

RECOMMENDATIONS:

SECTION H: INDIVIDUALIZED PLANNING AND ROUTING

PLAN DEVELOPED

◯ Individualized Family Service Plan IFSP (0 to 6 years)

◯ Individualized Curriculum Plan ICP (6 years and above)

DEVELOPMENT TEAM

Name(s):	Role(s):

GOALS IDENTIFIED:

SECTION I: SERVICE PROVISION

SERVICES RECOMMENDED:

- ◯ Early Learning and Development Services
- ◯ Special Education
- ◯ Speech Therapy
- ◯ Occupational Therapy
- ◯ Physiotherapy
- ◯ Psychosocial support
- ◯ Other: ______________________________

SERVICE PROVIDERS RECOMMENDED:

Name(s):	Contact Details:

SECTION J: ACKNOWLEDGMENT AND CONSENT

I hereby consent to the referral, evaluation, and intervention services for my child as described above.

Parent/Caregiver Signature:		Date:	DD/MM/YYYY
Referral Signature:		Date:	DD/MM/YYYY

Annex D: Individualized Service Plan

TO BE FILLED IN BY A PARENT/GUARDIAN

Child Name:

Level:

Date of Birth:

DD/MM/YYYY

Address:

Parent(s) Name(s):

Parent Contact:

Parent Email(s):

CHILD'S PERSONAL PROFILE (FILLED IN BY PARENTS AT THE START OF THE YEAR)

Interests	Strengths

TO BE FILLED IN BY A PARENT/GUARDIAN

What helps your child learn?:

What grounds your child? What makes your child comfortable?

What supports your child's learning?

What is your child's routine at home?

When is your child THRIVING at home?

STATEMENT OF PRESENT LEVELS OF PERFORMANCE

STATEMENT OF PRESENT LEVELS OF PERFORMANCE

REPORT SUBMITTED (I.E. DEVPED, SPEECH, OT REPORTS)

Date	Name of Report	Submitted By:

PRESENT LEVELS OF PERFORMANCE

Areas	Strengths	Struggles
Physical:		
Cognitive:		
Communication & Language:		
Social-Emotional:		
Functional Adaptive:		
Sensory Skills:		

STRENGTHS: WHAT CAN WE BUILD ON?

TOP 3 BRAIN STRENGTHS OF THE CHILD:

Brain strengths are the different ways in which the child takes in, process, and work with given information.

1

2

3

TOP 3 CHARACTER STRENGTHS OF THE CHILD:

Character strengths are positive traits expressed through one's thoughts, feelings, values, and behaviors

1

2

3

What are the current interests, or hobbies?

When is the child thriving IN SCHOOL?

When is the child thriving IN OTHER ACTIVITIES OUTSIDE THE HOME AND SCHOOL?

OPPORTUNITIES TO IMAGINE AND LEVERAGE

Areas	OPPORTUNITIES: WHAT ARE THE OPPORTUNITIES FOR GROWTH?	HOW CAN IT BE SEEN AND EXPERIENCED IN THE CLASSROOM?
Physical:		
Cognitive:		
Communication & Language:		
Social-Emotional:		
Functional Adaptive:		
Sensory Skills:		

ASPIRATIONS: WHAT CAN WE BUILD ON?

The aspirations and preferred future that we commit to focus on for the period of ______________________(specify timeframe).

Child		
Parent/s		
Teacher/s		
Specialist/s		

	PLAN (How might we address these obstacles?)
Child	
Parent/s	
Teacher/s	
Specialist/s	

RESULTS: HOW DO WE KNOW THAT WE ARE SUCCEEDING

Specific Period/Timeframe: ___________________________

Developmental Area:	
WHAT PRACTICES, THEMES, OR SKILLS TO WORK ON WITH THE CHILD? (STATE RELEVANCE)	
WHAT RESULTS DO WE WANT TO SEE AND HOW ARE WE MEASURING THEM?	
WHAT RESOURCES AND ACCOMMODATIONS ARE NEEDED?	

Developmental Area:	
WHAT PRACTICES, THEMES, OR SKILLS TO WORK ON WITH THE CHILD? (STATE RELEVANCE)	
WHAT RESULTS DO WE WANT TO SEE AND HOW ARE WE MEASURING THEM?	
WHAT RESOURCES AND ACCOMMODATIONS ARE NEEDED?	

ACCOMMODATIONS: PROVIDING THE RIGHT FIT

Review of current accommodations and services

GO/STOP/START	REVIEW/ FEEDBACK	SUGGESTIONS
GO: What is working well with the given accommodations and services?		
STOP: Which accommodation and/or service/s needs to be revisited or reviewed?		
START: What is the smallest accommodation and or service that can make the biggest positive impact?		

MULTIDISCIPLINARY MEETINGS

Date	People invited	In attendance

ACCOMMODATIONS: PROVIDING THE RIGHT FIT

Other Relevant Information

PLACEMENT AND SUPPORT PROGRAMS (TYPES OF SERVICES)	SCHEDULE	PERSON IN-CHARGE

RELATED SERVICES:

- Assistive Technology
- Audiology
- Counseling Services
- Medical Services
- Occupational Therapy
- Physical Therapy
- Psychological Services
- School Health Services
- Speech-Language Pathology
- Orientation and Mobility
- Parent Counseling/ Training

ATTACHMENTS TO THE IFSP

☐ Reports from Parent-Teacher Conferences

☐ Others: ______________________________

Annex E: Child Progress Report

Child Progress Report

Early Learning and Development Services

SECTION A: CHILD AND FAMILY DETAILS

Child Full Name

DOB

ID Card no

Parent Name

Relationship to Child

Address

Parent ID

Phone

Email

PROVIDER DETAILS

Professional's Full Name

Professional's Qualifications

Are you the key worker/ lead practitioner for this child?

- ◯ Yes
- ◯ No
- ◯ Not Applicable

Organization Name

Organization Address

Phone

Email

Service commenced date

DD/MM/YYYY

Report Date

DD/MM/YYYY

OTHER PROFESSIONALS CONTRIBUTING TO THIS FORM (IF APPLICABLE)

Full Name	Qualification

SECTION B: SUMMARY OF SUPPORTS

In this section, please summarize:

- the setting, delivery mode, frequency, and duration of support provided
- the important people in the child's life involved in the delivery of supports, education and or care

SECTION C: GOALS AND OUTCOMES

Document the early intervention or therapy goals you developed with the child's family. you can enter more than one goal into the same table, where progress and outcomes are similar across goals. Alternatively, you may separate goals across the tables to allow for progress and outcomes to be reported separately.

Complete the goals and outcomes tables as requires. if you need to report on more goals and outcomes, please copy and paste the table.

I.1 GOALS AND OUTCOMES TABLE

Child and family's early intervention or therapy goal(s): Record the early intervention or therapy goal(s) you have developed.

Progress and outcomes: Comment on the child's function and participation at the start of the reporting period, and the child and family's progress towards goals. Comment on independence, participation, and capacity building. Name the outcomes measurement tool(s) or other forms of evidence, including baseline and review scores/descriptors. You can also list and attach additional evidence in SECTION D of this form.

I.2 GOALS AND OUTCOMES TABLE

Child and family's early intervention or therapy goal(s): Record the early intervention or therapy goal(s) you have developed.

Progress and outcomes: Comment on the child's function and participation at the start of the reporting period, and the child and family's progress towards goals. Comment on independence, participation, and capacity building. Name the outcomes measurement tool(s) or other forms of evidence, including baseline and review scores/descriptors. You can also list and attach additional evidence in SECTION D of this form.

I.3 GOALS AND OUTCOMES TABLE

Child and family's early intervention or therapy goal(s): Record the early intervention or therapy goal(s) you have developed.

Progress and outcomes: Comment on the child's function and participation at the start of the reporting period, and the child and family's progress towards goals. Comment on independence, participation, and capacity building. Name the outcomes measurement tool(s) or other forms of evidence, including baseline and review scores/descriptors. You can also list and attach additional evidence in SECTION D of this form.

I.4 GOALS AND OUTCOMES TABLE

Child and family's early intervention or therapy goal(s): Record the early intervention or therapy goal(s) you have developed.

Progress and outcomes: Comment on the child's function and participation at the start of the reporting period, and the child and family's progress towards goals. Comment on independence, participation, and capacity building. Name the outcomes measurement tool(s) or other forms of evidence, including baseline and review scores/descriptors. You can also list and attach additional evidence in SECTION D of this form.

SECTION D: ADDITIONAL EVIDENCE (IF APPLICABLE)

In this section, please summarize:

- the setting, delivery mode, frequency, and duration of support provided
- the important people in the child's life involved in the delivery of supports, education and or care

Name of attachment	Date (DD/MM/YYYY)

SECTION E: ADDITIONAL INFORMATION (IF APPLICABLE)

Comment on any changes in the child or family's circumstances throughout the plan period.
Include, for example, new priorities or barriers identified which impacted the child and family's outcomes. Comment on how you supported the family, worked with other mainstream service systems and any successes to date.

SECTION F: FUTURE CHILD AND FAMILY EARLY INTERVENTION OR THERAPY GOALS

Record future child and family early intervention or therapy goals.

PART G: PROVIDER RECOMMENDATIONS

Describe recommended future supports the child and family are likely to benefit from and why. This should include community and mainstream supports (if applicable).

Describe recommended future supports the child and family are likely to benefit from and why. This should include community and mainstream supports (if applicable).

SECTION H: REPORT COMPLETED

II confirm that the information provided in this form is completed and corrected.
I understand that:

- giving false or misleading information is a serious offence

Professional's full name	
Signature	
Date of Signature DD/MM/YYYY	

SECTION I: IMPORTANT ACTIONS BEFORE SUBMITTING THIS FORM

- This form has been discussed with the child's family.
- The child's family have received a copy of this form.

Annex F: Key qualifications, credentials and skill requirement

KEY QUALIFICATIONS, CREDENTIALS AND SKILLS

Formal Education

- **Bachelor's Degree**: A minimum of a bachelor's degree in special education, early childhood education, or a related field. Programs should include coursework in child development, psychology, special education methods, and inclusive practices. **Refer to the Maldives National Professional Standards for Teachers 2023*.
- **Master's Degree (Preferred)**: Many therapeutic settings prefer candidates with a master's degree in special education, early childhood special education, or a related area. Advanced degrees typically provide deeper knowledge and specialized skills.

Professional Certifications and Licenses

- **Special Education / Early Childhood Special Education Certification**: Individuals who work with young children and whose formal education does not encompass early intervention and special education should obtain a professional certificate in special education and/or early childhood education. This ensures that they have the specialized knowledge and skills required to support the development of children with diverse needs effectively.
- **Basic First-Aid Training Certificate:** Educators who work with children with mild-severe delays and disabilities should have completed basic first-aid training, which needs to be refreshed every 2 years.
- **Working with Children Check:** The Working with Children Check is a screening process which is required for anyone who works or volunteers in child-related work. This check should be renewed every 2 years.
- **Police Check:** A police check is important for early interventionists because it helps ensure they don't have a serious criminal history that could put children at risk. This check is different from a Working with Children's Check, which mainly looks for offenses related to children. The police check adds extra protection by looking at a wider range of crimes, helping to keep children with special needs safe.

Practical Experience

- **Fieldwork and Practicums (preferred)**: Supervised fieldwork or practicum experiences as part of their degree program, ideally in settings that serve young children with developmental delays or disabilities.
- **Professional Experience (preferred)**: Previous experience working in educational or therapeutic settings, such as early intervention programs, special education classrooms, or therapeutic clinics.

Soft Skills and Competencies

- **Assessment Skills**: Proficiency in conducting formal and informal assessments and using the results to inform IFSP.
- **Intervention Strategies**: Knowledge of evidence-based intervention and/teaching strategies and the ability to implement them effectively.
- **Soft Skills:** Strong interpersonal skills, including empathy, patience, and effective communication, to build trusting relationships with children, families, and interdisciplinary teams.

Cultural Competence:

Understanding and respecting cultural differences and their impact on child development and family dynamics.