

# Regional Model for Early Intervention Service in the Chuvash Republic

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**Abstract**—The creation of the Early Intervention Service as a structural unit of educational, medical or social welfare institutions in the Chuvash republic territory is especially in demand due to the preservation of the number of children with disabilities. The article discusses a model for constructing an early intervention system in the Chuvash Republic in terms of vertical and horizontal structure. The vector of work of the Early Intervention Service is the consolidation of the professional forces of principals and employees of educational institutions, organizations of the social protection and health care system, socially oriented nonprofit organizations, non-governmental organizations and public associations. An interdisciplinary team that provides early intervention to clients of the target group, includes, as equal partners, representatives of the Orthodox, secular and professional community of various Ministries and departments, and the parent community. The content of the Early Intervention Service is the implementation of a comprehensive system of medical-psychological and social-pedagogical support for young children with disabilities and their parents, creation of a new active environment with high adaptive potential in the social space. This environment should activate inter-subjective (communication, patronage, cooperation), intra-subjective (resilience, semantic disposition) and non-subjective (sociocultural and physical environment) potentials and development resources of each subject included in the activities of the Early Intervention Service (children with disabilities, their parents, specialists). A generalization of the experience of the activities of the Early Intervention Services, organized and functioning on the territory of the Chuvash Republic made it possible to identify complex-parallel, sequentially-integrative, complex-collegial and collegially-integrative options for the implementation of integrated support. It has been established that the comprehensive-collegial and collegial-integrative options most fully meet modern requirements for organizing comprehensive support for the development process of children with disabilities and their parents in the Early Intervention Service. The purpose of this study was to study a regional version of the organization and functioning of the Early Intervention Service in the Chuvash Republic, models for the provision of comprehensive specialized medical, social, clinical, psychological, pedagogical support for atypical children and their parents.

**Keywords**—*children under three years of age, disabilities, comprehensive support, multidisciplinary team, Early Intervention Service.*

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## I. INTRODUCTION

The targets, which are set in the presented project “Education” (2019), “Concepts for the development of early intervention in the Russian Federation for the period until 2020” (2016), are focused on the search for new forms and options for organizing and providing early intervention to educational subjects. Challenges of time, theoretical studies, records of practical recommendations, the basic role of the initial stages of life – all this is necessary for the prompt start of professional intervention in the health protection, for the urgent and long-term consequences of various disorders, for the earliest possible start of restoration and use of lost functions, habilitation and correction of deviations in the development of toddlers. Regrettably, it is necessary to note the continued tendency toward the birth of children with disabilities (2% of the total number of children of 0 to 17 years of age). The vast majority (84.5%) of causes of childhood disability in Chuvash Republic are caused by organic perinatal lesions of the nervous system, congenital anomalies, sensory, mental and behavioral disorders. The increase of childhood disability, blood disease, respiratory and musculoskeletal systems disease, malignant neoplasms, and endocrine pathologies are still recorded. In the context of a decrease in the number of healthy children, maintaining the health of the population is becoming a priority. The real situation is increasing the demand for the organization of special Early Intervention Services, where children with disabilities and their parents could receive comprehensive, systemic, interagency and timely support services.

## II. LITERATURE REVIEW

Over the past decade, scientists and practitioners have developed a special culture of interaction in the Russian education system – a comprehensive inter-agency support for the development of a child under three years of age with disabilities and his parents. Various plans are formed (I.Yu. Levchenko, T.N. Simonova) [1], practices (O.G. Prikhodko, O.V. Yugova) [2], infrastructure (N.N. Malofeev, Yu.A. Razenkova, N.A. Uryadnitskaya) [3], an active search for resources is underway (EI Alekseeva, D.D. Vankova, T.M. Dvoryakovskaya, R.V. Denisova, K.B. Soloshenko) [4], L.O. Badalyan) [5], that can provide multivariate comprehensive support for the development and inclusion of the child, taking into account the health and subjects of the relationships involved in this process (V. A. Vishnevsky, E. V. Motsovkina) [6], O. B. Kolesnikov, V. G. Strugov) [7]. Fundamental

scientific research of L.S. Vygotsky [8], A.V. Zaporozhets [9] proved that early childhood serves as the basis for the main neoplasms that determine the quality of the mental and personal spheres, mental processes, psychological properties, the acquisition of any vital competences in subsequent years of life. The uniqueness of early childhood as a sensitive period for external influences is manifested in the potentials, resources and opportunities to overcome the problematic field of development during early correction, inclusion, prevention, recovery and compensation. The most valuable, effective and demanded is the interdisciplinary principle in the implementation by specialists of inclusive practice. The most valuable, effective and demanded in the implementation by specialists of inclusive practice is the interdisciplinary principle. At the same time, it is important that parents participate in these processes, which have significant advantages in terms of influencing the quality and vector of the entire development of the child. It was established that the adequate character and style of parental attitude (A. A. Baranov, A. A. Rean, A. S. Suntsova) [10], pedagogical competence (O. G. Berestneva, E. V. Grebennikova, I. L. Shelekhov) [11], compliance (adherence to treatment) (T.V. Kaurova, G.L. Mikirtichan, O.K. Ochkur) [12] – significantly increase the effectiveness of all ongoing activities. Comprehensive early support for the development of children, including those with disabilities, is considered as the integration of a health care system, social support and special education, by O.G. Prikhodko, O.V. Yugov [13]. N. G. Osukhova [14] interprets psychological support as one of the types of social patronage, integrative technology, a process of a special kind of relations. N.Ya. Semago, M.M. Semago [15] consider psychological and pedagogical support in inclusive education as an open, non-equilibrium, non-linear human system, with the goal of creating an adaptive educational environment, the realization of special educational needs that determine their conditions, taking into account the specificity and capabilities of all children included in this environment. E.I. Alekseeva D.D. Vankova, M.A. Soloshenko et al. [4] propose building such a project taking into account dynamic analysis and personalized assessment of the rate of individual development, the quality of compensatory mechanisms and neuroontogenesis features. Comprehensive medical-psychological and socio-pedagogical support can be considered as a systematic integrative technology of professional activity of an interdisciplinary team, creating socio-psychological conditions for the successful development, education, upbringing, socialization of a toddler with disabilities in situations of interaction with sociocultural reality. Specialists (defectologists, psychologists, medical workers, speech-language pathologists, educators, etc.) and government representatives involved in the process of comprehensive support must have the corresponding general and special professional competencies, including team working [16-17]. At the moment, practically throughout the territory of Russia, including in the Chuvash Republic, comprehensive support for children under three years of age with disabilities and their parents is provided in the Early Intervention Services.

### III. METHODS

The research methodology was determined by dialectical ideas about the causality of theory and practice, a systematic approach to the study of any psychological phenomenon and object as a system (B.G. Ananiev, A.A. Bodalev, N.V. Kuzmina, B.F. Lomov, etc.). With regard to the practice of

organizing the Early Intervention Service and assisting children with disabilities, the most preferred are heterologous, humanistic, systemic and integrated approaches.

The heterological approach (N.A. Berdyaev, T.Kh. Kerimov, J. Sartre, K. Jaspers, etc.) is based on a peculiar type of relationship in the dyad “I – the Different”. The “Different” is considered in relation to otherness and alternativeness to the “I”. The model of relations between the specialist and the client of the target group (a child with disabilities, his parents) has the characteristics of continuity, heterogeneity, transformation, process unity of the relationship in the education system. Corrective developmental training and education is postulated as the main way of rehabilitation and integration of children with disabilities. The focus of the humanistic approach is not on the lack of development, but on the value of the child with disabilities, his potential, resources and special needs of the child, on the creation of a specific social and educational environment for a full-fledged development situation. This is especially important during the implementation of the content of the activities of the Early Intervention Service (I.Yu. Levchenko, D.M. Mallaev, E.N. Shiyonov). The basis of the organization and formation of the regional Early Intervention Service is based on the provisions of the system approach: on unity of the organizational structure, organizational mechanisms and characteristics of organizational systems; about openness of the Early Intervention Service to changes, self-organization in accordance with the society requests, a specific family, the ability to exchange information inside and outside the system. In implementing the content of the Early Intervention Service, a systematic approach means taking into account all potential and relevant life and educational resources, needs of the child, the immediate environment reserves, the context of the current family situation and life history. The systematic approach is based on the theory of systemogenesis (P.K. Anokhin), systemic-structural-dynamic study of mental development (V.P. Zinchenko, V.V. Lebedinsky, O.N. Usanova), the unity of the laws of development of typical and atypical development (R.M. Boskis, L.S. Vygotsky, V.I. Lubovsky, M.S. Pevzner, E.A. Strebelova). An integrated approach implies the unity of diagnostic and correctional assistance to clients of the target group in the Early Intervention Service. The presence of a specialist team in a single organizational model of professional activity provides a synergy of impact on the development of the child (his personal, sensory, locomotor, cognitive and verbal spheres). The theoretical basis of the study was also made up of the conceptual principles of the theory of development of an individual and collective subject in the conditions of its targeted support (K.A. Abulkhanova-Slavskaya, A.V. Brushlinsky, A.I. Dontsov, A.L. Zhuravlev, A.S. Chernysheva and etc.); ideas on the acmeological approach to the analysis of professional activity (B.G. Ananyev, A.A. Derkach, N.V. Kuzmina, A.A. Rean); special psychological foundations for the socialization of children with disabilities (K.M. Astakhova, T.V. Zhdanova, A.A. Osipova, I.V. Tsukerman, L.M. Shpitsina), medical techniques (L.O. Badalyan, G. P. Bertyn, O.V. Timonina) and the social model of rehabilitation of people with disabilities, including social services and social work (E.I. Kholostova, V.P. Romanov, N.N. Malofeev, L.Yu. Savina). The main research method was a comparative analysis of theoretical positions and scientific data on the problem, a synthesis of

publication results and innovative experience of specialists of the multidisciplinary team in the field of rendering services of the Early Intervention, Support and Assistance Services, organized and functioning in the territory of the Chuvash Republic, content analysis. The analysis criteria were the form, order, technologies and methods for implementing early integrated care in the subsystems of the Early Intervention Service. Practitioners acted as informants. A comprehensive analysis made it possible to comprehend the existence of various options, organizational forms and content of the activities of the Early Intervention Services.

IV. RESEARCH RESULTS

In order to optimize activities to solve the scientific and practical issues of early intervention, increase social responsibility for the quality of educational, medical and social services, 568 organizations have been created and are functioning in the Chuvash Republic. Among them: educational (73.1%) and sports (7.2%) organizations, healthcare institutions (5.5%), social (4.6%) and culture services (4.2%), employment centers (3.9%), neuropsychiatric boarding schools (1.5%). The developed infrastructure of scientific and practice-oriented educational activities, the deep integration of techniques, technologies and innovative practices allows us to develop an approach for creating a regional model of early comprehensive care for children with disabilities up to three years of age and their

parents in the Chuvash Republic. In order to create an effective early intervention system, Decree No. 438-r of the Cabinet of Ministers of the Chuvash Republic dated June 7, 2017 approved a comprehensive plan of measures for the creation and implementation of the Early Intervention Development Concept in the Chuvash Republic. Under the leadership of three Ministries, a triune resource center has been created. The budgetary institutions of the Chuvash Republic are included in the Resource Center for Coordination and Organizational and Methodological Support of Early Intervention Services for Children of the Target Group: the “Rehabilitation Center for Children and Adolescents with Disabilities” of the Ministry of Labor and Social Protection, the “Republican Children’s Clinical Hospital” of the Ministry of Health and the “Center of Education and Integrated Support for Children” of the Ministry of Education and Youth Politics. Coordination of the activities of these institutions is built on the basis of the principle of close interdepartmental cooperation of the Ministries of Health, Education and Youth Politics, Labor and Social Protection, regulatory acts approved by the highest executive body of state power in the Chuvash Republic. Management of the early assistance system in the Chuvash Republic can be considered in terms of vertical and horizontal structure [18]. The vertical structure is associated with the differentiation of functions in the hierarchy of organizations, with channels for the exchange of information and the implementation of power (Figure 1).

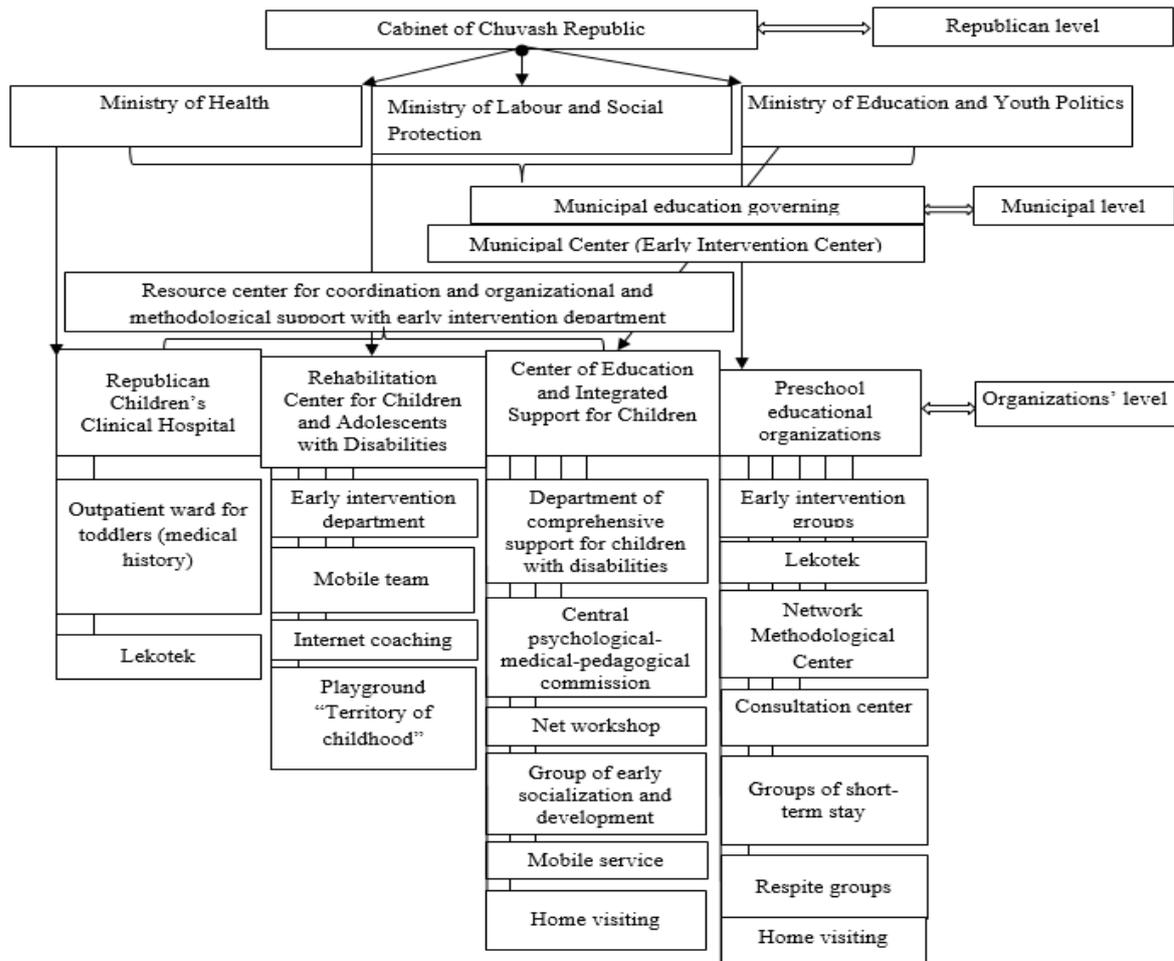


Fig. 1. Vertical construction of the Early Intervention Service model in the Chuvash Republic

The organization of activities for the implementation of early assistance of all institutions is being built in accordance

with the recommendations of the Ministry of Education and Science of the Russian Federation dated January 13, 2016 No.

VK-15/07. An Interdepartmental Coordination Council is created on the basis of the Resource Center for Coordination and Organizational and Methodological Support to launch and establish early assistance for children with disabilities up to three years of age and their parents. The functions of this council include: development, management and monitoring of the implementation of the “Plan of measures for the implementation of the Development Concept for the Early Intervention in the Chuvash Republic”, a road map; distribution of resources and regulation of the work of all participants of the interdisciplinary team with clients of the target group. Clients of the target group include parents and their children (biological and social risk groups; with established status of a child with disabilities). Five subsystems (a resource center, institutions of the healthcare system and the education system, social protection of the population and non-governmental organizations) are identified in the horizontal structure of the Early Intervention Service, which ensure the implementation of the routing algorithm for providing early intervention services.

Routing refers to the process of determining the role and participation of specialists in managing customer flows of the target group, the sequence of procedures and technologies, spatio-temporal parameters, duration and permanence (continuity) of the services provision, the establishment of interdisciplinary and interdepartmental communication, etc. Each subsystem has its own resources and functions, is involved in interagency poly-professional interaction and social partnership. Interagency cooperation within the framework of the activities of the Early Intervention Service is the coordination of mechanisms to ensure the management of the quality of early intervention care services, step-by-step coordination of professional actions of specialists of the abovementioned organizations. So, the outpatient ward for toddlers (medical history), which is based on the Republican Children’s Clinical Hospital in Cheboksary, was created for dynamic monitoring of the development of children from one month to three years of age. The department hosts: a pediatrician consultative appointment, measures for the prevention and treatment of background diseases, an examination plan is drawn up, including by highly-specialized medics, and medical rehabilitation; a comprehensive assessment of the neuropsychical and physical development of the child is carried out; recommendations for rational feeding and care are given. These measures help to reduce the long-term consequences of congenital and perinatal pathology, early correction of established and possible deviations in the state of health, reduction of disability and early morbidity. The Department of Early Intervention was created on the basis of the Rehabilitation Center for Children and Adolescents with Disabilities, where a mobile team, Internet coaching and an open-air playground “Territory of childhood” are functioning. Targeted programs are being implemented providing for advisory, correctional, pedagogical, socio-psychological, medical assistance to clients of the target group. This activity ensures the strengthening of the psychophysical health of the child, provides the conditions for optimal development and adaptation; parental support, the integration of the child and family in society, improving the quality and standard of living of the family as a whole. The Center of Education and Integrated Support for Children provides early intervention services in the Department of Comprehensive Support for Children with Disabilities, Disabled Children and the Central

Psychological, Medical and Pedagogical Commission. In the past two years, the services of the Net Workshop, Mobile Team Service and Home Visiting have also become available for parents. In the group of early socialization and development, children with special needs are involved in communication with healthy peers. Specialists use modern inclusive practices for working with children, conduct educational talks, film and video therapy, master classes, seminars and trainings for their parents. Specialists of the Mobile Team Service provide on-site consulting, methodological, psychological and pedagogical services to parents in remote areas of the Republic, taking into account the language features of the region, organizational components and stages of activity. This allows expanding the rehabilitation space for young children with disabilities, providing qualified assistance to their parents and providing comprehensive support.

In a number of educational institutions of the Chuvash Republic, 131 early intervention groups have been formed for children formed by the disorder type (locomotor, speech, sensory, autism spectrum disorders, severe forms of the disease, etc.). Here they practice a model for organizing individual psychological and pedagogical support, taking into account the needs of each specific client, and individual selection of methods and technologies. The effectiveness of the technologies used is evaluated after functional testing using standard international scales. In Cheboksary, a compensating group has been opened for children with hearing impairments, where communicative methods of speech development based on the development of auditory perception are given a special place by defectologists (sign language teachers). With the help of specially selected techniques, the child acquires speech skills in the same way as the hearer. The early start of such correctional work allows you to compensate for hearing loss, creating the prerequisites for the formation of speech.

Lekoteks were opened in Cheboksary, which are based on the four educational institutions, specialized Infant Care Center “Baby” and the inclusive Center at the Church of New Martyrs and Confessors of Russia “The Ship of Faith” for toddlers with mental disorders, with organic lesions of central nervous system, with emotional volitional, speech, mental, sensory and locomotor impairments. During the organization of weekly individual lessons with children, the child’s skills are assessed using VB-MAPP testing, behavior therapy (applied behavior analysis) is used, which is most fully consistent with effective and full-fledged intervention in the case of autism. The intensive use of behavioral intervention at an early age significantly improves the functioning of children with autism, and in some cases can lead to the abolition of the diagnosis. Joint classes with children and their parents allow mothers and fathers to be involved in the direct mastery of effective ways of home rehabilitation of the child. Parents’ consultations are additionally organized with a description of the stages of child rehabilitation at home, the experience of learning the skills of independent living in everyday life and orientation skills, organizing leisure activities and attracting children with disabilities to an active lifestyle. The “multiple” subjectivity of the maintenance process necessitates special work with all participants in the Early Intervention Service: parents and specialists. With the assistance of the Chuvash Metropolis and the Cheboksary Diocese, the partnership of the Orthodox, secular-professional community and the parent community is coordinated in an inclusive Center at the Church

of New Martyrs and Confessors of Russia. Here, weekly and at targeted requests, parents and specialists conduct Orthodox psychotherapy, workshops of positive personal transformation, workshops on the development of complementary communication, resilience, value-semantic and spiritual-moral sphere (semantic disposition), educational competencies are held, coping behavior, resource perception of oneself, a child with disabilities and the family as a whole. In order to socialize severely ill children with disabilities, ensure the possibility of solving everyday problems of the family of a child with a disability, preserve a child with a disability in the family and improve child-parent relations, respite groups have been created on the basis of three educational institutions.

Understanding of personality, child-centered and family-centered approaches require an appropriate level of psychological education of the persons accompanying the development of the child. This actualizes the need for special organizational work to increase psychological knowledge and culture, creating a special supportive atmosphere in the specialist's communication with the family. Activities aimed at psychological education and the development of psychological competence of adults accompanying the development of the child meet this goal. The content of educational activities includes the establishment of broad constructive cooperation with parents, teachers and the administration of the institution in solving various tasks of supporting the development of children of the target group and creating conditions conducive to the acquisition of accompanying personally significant knowledge from the field of psychology, special pedagogy and the orientation of their activities on humanistic principles. Practice shows that the primary tasks to be solved during individual consultations and counseling are the issues related to the influence of incorrect educational position on mental health in the adult-child system, the adequacy of pedagogical measures, the issues of adaptation, socialization and integration of a child with disabilities in the society. The result of such work should be the development of a complementary form of communication, the knowledge and understanding of the inner world and the specifics of the child's personal development by all those involved, the construction of a special culture of support and assistance that implements humanistic life relations (authenticity, involvement, empathy, etc.) between all participants of the accompaniment. Within the network of interaction, 38 medical, social and educational organizations daily provide the operational support service for parents raising toddlers with disabilities. Employees of consulting sites of the network project "Parents 3.0" provide on-site consulting, methodological, psychological and pedagogical services to parents, taking into account the language features of the region. On the project website, parents can make an appointment in advance with a specific specialist through online registration, indicating the date, time, subject of the appeal and evaluate the service. Similar events are also organized in consultation centers of three preschool educational organizations. Psychologists, defectologists, speech-language pathologists, teachers of institutions inform parents on individual requests, as a rule, concerning issues of age, special psychology, parent-child relationships, development of higher mental functions, adaptation, upbringing and education, taking into account the developmental features of children of a particular nosological group, etc. There is a remote form of early assistance using

telephone, online and offline counseling for severely ill children with disabilities and their parents living in rural areas. The main problem of the full implementation of this work is the refusal of parents of remote support and the possibility of implementing home rehabilitation under the patronage of specialists. The content of the Early Intervention Service is the implementation of a comprehensive system of medical-psychological and social-pedagogical support for toddlers with disabilities and their parents. To ensure the timely identification of children of the target group, medical, social, psychological and pedagogical monitoring, the study of the clinical, psychological and pedagogical status of the child, and the dynamics of mental development are organized. During the diagnosis, the real needs and resources of the children of the first three years of life and their parents who need comprehensive psychological, pedagogical and specialized medical and social assistance are determined. Reliance on interdisciplinary diagnostic information allows for timely participation of a family with a child in the early care system. An analysis of the data allows you to get the most complete picture about the social situation of development, the various aspects and dynamics of the mental life of a child with disabilities, about strategies and tactics for the behavior of the close environment, determine the optimal ways, methods, technologies and forms of correction, relevant, immediate and long-term education. Analysis of intermediate and final diagnostic results makes it possible to coordinate the course of correctional and pedagogical activity. Based on the results of the final examination, they judge the achieved level of development of a child with disabilities, the course of his mental development is predicted, multivariate ways for further work with specialists and parents are determined. Another important aspect of the work of the Early Intervention Service is the adaptation of the socio-cultural and educational environment of the institution to the individual capabilities of the child, which involves the detection, elimination or maximum alleviation of the relevant or potentially threatening factors for the health and development of the child; creation of adaptive conditions taking into account the possibilities of the state of children. Creating advantageous conditions for the implementation of the content of the Early Intervention Service includes the implementation of monitoring compliance with the criteria and standards of Sanitary Rules and Regulations; organization of a barrier-free environment, a specialized educational space of the institution and the conditions of the correctional-pedagogical process; the use of health-saving technologies; the shift of the traditional methodological complex of measures towards adaptive psychological technologies; individualization of pedagogical forms and methods of exposure, taking into account the psychophysical capabilities, emotional and health status of the child, psychological validity and practical effectiveness; ensure the favorable psychological well-being of each participant in the Early Intervention Service. The selection of the most effective technologies for early intervention requires all specialists from the interdepartmental team, parents of young children with disabilities, representatives of public organizations, constant monitoring of innovations not only in education and medicine, but also innovations in other fields of scientific knowledge. At present, extensive experience has been accumulated in comprehensive medical, psychological and pedagogical support for children with disabilities using nutritional support programs, kinesiotherapy, dry floatation, physiotherapy, aromatherapy, music therapy and acupuncture. The introduction of medical, psychological and pedagogical

organizational technologies aimed at improving the availability and quality of comprehensive care of toddlers is one of the main reserves for reducing child disability in the region. The methodological justification of innovative approaches used by modern practices of early care, takes into account the structure of childhood disability and the prevailing violations in children of the target group. Goals and objectives, theoretical approaches, content, structure, methods and forms, psychological and pedagogical technologies of comprehensive care are selected, varied and adapted taking into account nosology, age, gender, individual psychological characteristics of children of the target group. Individual and partial programs of prevention, inclusion and correction are actively developed and implemented, including scientifically based tools for early diagnosis and innovative technologies for early intervention. Advisory, informational and educational directions provide an increase in the pedagogical and psychological culture, the disclosure of personal potential, and support for the resource status of parents involved in the education of toddlers with disabilities, teaching them correctional and developing technologies that are acceptable at home. Parents are included in the complex support of the development of a toddler as equivalent participants in an interdisciplinary team. It is especially important for parents to timely inform them about the available early-care programs in the Republic, about the specific psychological characteristics and patterns of development of children, the methodology of forming social and everyday skills of the child, his physical activity, options for re-organizing the home environment, acquisition and functioning of supporting equipment. The complex support for families raising children with special needs is involved with a large number of specialists from various departments and services (medical and social workers, psychologists, art therapists, speech-language pathologists, defectologists, sign language and visual impairment specialist, educators, etc.), that can provide clear organization of interagency interaction and coordination of actions, interest and motivation in mastering and implementing new approaches, forms and means of correctional and pedagogical support. The high-quality organization of the work of the Early Intervention Services for Children under three years of age with disabilities, the creation of full-fledged conditions for the early and prompt detection, correction and compensation of secondary developmental disabilities, helps to weaken the severity of the state of health, promote and succeed in the mental development of the child, its socialization and integration into educational environment.

An analysis of practical activity showed that there are several options for implementing integrated support for toddlers with disabilities and their parents by specialists of the interdepartmental team. We conditionally designated them as complex-parallel, sequentially-integrative, complex-collegial, collegial-integrative options. The complex-parallel option: diagnostics, determination, implementation of the content and directions of correctional and developmental assistance to clients of the target group is carried out in parallel by each specialist (doctor, psychologist, defectologist, speech-language pathologist, educator, etc.) within their special knowledge and competencies, regardless of the actions of others. The sequentially - integrative option: an individual educational route of upbringing, development, training and correction is developed by a curator (for example, a psychologist, defectologist or other specialist) based on a set of diagnostic data, medical reports from various specialists, all

of which are involved in the implementation of the pedagogical process. The complex-collegial option: diagnostics are carried out by each specialist within the framework of their competence, the results of which are discussed collectively; a particular course is chosen; temporary, technological and substantive components of supporting the development of clients of the target group by various specialists are determined. Each client of the target group (a child with disabilities, the parents) is assigned a curator that is responsible for managing the case, the life cycle of all performance, involving parents and other specialists in the implementation of the correctional and educational course. The collegial-integrative option: joint diagnostics (medical-psychological, social-pedagogical, etc.) are carried out, an individual course for the child's development, conditions, content, mode, degree of involvement and participation of parents, forms of work with them are collegially compiled, directions and strategies of integrated prolonged correctional and developmental work of specialists of various profiles with strict coordination, mutual support, mutual enrichment, targeted actions of each. Focal case management of a client of the target group, building a single line of program administration, coordinating the activities of all escort participants, involving various funding sources is carried out by the responsible curator from among the specialists of the Early Intervention Service. In the last two options, synergy is provided – mutual reinforcement of the effectiveness of parental and professional actions of specialists.

## V. CONCLUSION

The Early Intervention Services in the Chuvash Republic are organized and operate not as independent units, but as structural units on the basis of one of the educational, medical or social welfare institutions. All services provide continuous comprehensive support for a child with disabilities and his parents at all stages of a complete system of early intervention on an interdepartmental basis. The subject of the Early Intervention Service is the implementation of a comprehensive system of medical-psychological and social-pedagogical support for children with disabilities and their parents; creation of a new active environment with high adaptive potential in the society. This environment should activate inter-subjective (communication, patronage, cooperation), intra-subjective (resilience, semantic disposition) and non-subjective (sociocultural and physical environment) potentials and development resources of each subject included in the activities of the Early Intervention Service (children with disabilities, their parents, specialists).

Comprehensive support in the early intervention system is a research practical strategy for the inclusion, upbringing, correction, development, training and socialization of children with disabilities and their parents based on the cooperation of knowledge, methods, technologies of specialists from different fields of knowledge, the unity of the child-oriented and family-centered approaches. The most effective that reflects the essence of comprehensive support in the Early Intervention Service, are complex-collegial and collegial-integrative options, in some cases serving as its stages. The essential characteristics of complex support are: dynamism, targeting, integrativity, prolongation, consistency, predictability (to face the future), synergy, complementarity, mutual enrichment and multivariance. The culmination of comprehensive support is the creation of an integrated system of clinical, psychological, socio-

pedagogical, psychotherapeutic conditions that ensure the success of the integration, socialization and education of each child; the prevention of disability and the correction of impairments in the psychophysical development; the maximum disclosure and realization of natural opportunities in a specific educational socio-cultural environment, the building of existential ties with the world, people and oneself; informational, socio-psychological and emotional support of parents and specialists. Effective management of potentials and basic resources, the actions of the interdepartmental team, the balance and completeness of the implementation of functions, the quality and range of provided services ensure the productivity of the early intervention service system.

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