Journal of Family Medicine and Health Care
2026, Vol. 12, No. 2, pp. 33–43
https://doi.org/10.11648/j.jfmhc.20261202.12

Research Article

Comprehensive Assistance to Families Raising Children Early Age with Developmental Problems, in the Program «Path of Childhood»

Yuzhakova Svetlana Alexandrovna*

MBOU Kindergarten No. 1 "Ulybka", Smirnykh, Russia

Abstract

The problem of early comprehensive care for children with disabilities and their social adaptation to society is currently extremely relevant in the field of education and health care. The relevance of the study is due to the growing number of children with disabilities and the need to transition from a medical to an interdisciplinary support model. In addition, analyzing the state of the educational system of preschool educational institutions, the authors came to the conclusion that there is a socially significant problem that is associated with the need for early prevention of developmental disorders in a more expanded form than that currently used, and also requires other technological solutions than this is implemented by health and education authorities. The article presents an analysis of the long-term results of an early intervention program based on longitudinal studies. The article describes the programa created by the authors, intended for specialists working with young children in educational institutions. The main result of the research conducted during the development of the program was a structured approach to the diagnostic examination of young children. The presented methods and technologies can be carried out by educational psychologists, educational defectologists, and speech therapists. The most necessary conditions have been created to ensure work with disabled children, children with disabilities, children who do not attend preschool educational institutions and their families.

Keywords

Variability, Quality of Education, Children with Disabilities, Children of the Target Group, Children at Risk, Early Help Service, Inclusion

1. Introduction

Currently, there is an urgent issue of timely identification of children with various pathologies in the early stages of development, and of their timely receipt of comprehensive care that helps meet their special needs. This is due to an increase in the number of newborns with pathology, with the presence of disorders of the natal and postnatal period, with an increase in the number of disabled children in the Russian Federation. [3]

Preserving the health and intelligence of the nation at the present stage – is the main task in solving which the problem of early childhood development in family conditions and public education is central. [11] Modern scientific ideas about the uniqueness of the first years of a child's life, the dependence of his development on social conditions and the environment

*Correspondence: Yuzhakova Svetlana Alexandrovna (yuzhakovayarkova.svetlana@mail.ru)

Received: 28 January 2026; **Accepted:** 21 February 2026; **Published:** 10 August 2026

take the pedagogy of early childhood to a new level. Educators, physiologists, psychologists (N.M. Shchelovanov, N.M. Aksarina, D.B. Elkonin, L.S. Vygotsky [12], M.M. Koltsova, E.I. Radina, E.I. Tikheeva, E.G. Pilyugina et al. (opened up enormous potential opportunities for children's development). Having determined the significance of the period of early childhood for the entire further formation of the child's personality, we identified a number of specific age characteristics that formed the basis of modern programs and technologies for the development and education of young children. [1]

In addition, it should be noted that a significant part of families with young children with disabilities who do not attend educational institutions do not have access to professional psychological and pedagogical support and correctional and developmental assistance in the immediate vicinity of their place of residence. Some families have a low social status (low income, education level, etc.), which also limits the possibility of rehabilitation of children with developmental disabilities. These problems remain relevant in modern society. [5]

Preschool educational institutions, as a rule, have sufficient resource potential to provide counseling services, psychological and pedagogical support and correctional assistance to children with disabilities who do not attend kindergarten and their families. This activity can be implemented through a special structural one unit – Early Care Service, recognized as an effective form of comprehensive support for families with children with developmental disabilities. The Early Care Service program develops a special approach to providing the necessary support to young children with disabilities and their families, allowing them to consolidate available resources and build systematic work. [3]

The program, the results of verification of which are described by the author in this article, is aimed at revealing the maximum possible achievements of the child, maintaining his health, as well as successful socialization, development of a full-fledged personality and inclusion of the child in the educational environment with subsequent integration into society through the introduction of variable forms of preschool education within the framework of the implementation of the subprogram «Increasing the accessibility and quality of preschool education». [5]

Analyzing the state of the educational system of preschool educational institutions, monitoring requests from the advisory center and requests from parents with children with disabilities, disabled children and children not attending kindergarten, led to the conclusion that psychological and pedagogical assistance is highly effective, whose specialists identify in the early stages manifestations of developmental disorders in young children, which makes it possible to organize correctional and preventive measures.

The following factors become the reasons that actualize the need to develop variable forms of psychological and pedagogical assistance to young children and their families on the basis of MBDOU:

1) reducing the health level of the child population in the age range from birth to senior preschool age;
2) the deficit of facilities for young children with special educational needs;
3) high effectiveness of comprehensive care for young children with disabilities and children at risk.

The combination of these factors leads to the development of a vicious circle: an increasingly deepening developmental delay with a gradual transformation into mental retardation and the inability of a mentally retarded child to fight a physical illness.

Thus, we have a socially significant problem associated with the need for early prevention of developmental disorders in a more expanded form and requiring other technological solutions than is implemented by health and education authorities. [5]

The programme is intended for professionals working with young children in institutions of the education system. The presented methods and technologies can be carried out by educational psychologists, educational defectologists, and speech therapists. The most necessary conditions have been created to ensure work with disabled children, children with disabilities, children who do not attend preschool educational institutions and their families. [10]

The novelty lies in the fact that a team of specialists works with an early child with disabilities, including disabled children and children at risk, and the families raising them, providing a unified approach to providing early assistance and comprehensive psychological and pedagogical support. Until now, this approach to correctional work has been used exclusively in special educational institutions, which were small in number and limited by the age range for admitting disabled children. The activities of specialists from the interdisciplinary team of the structural unit of the preschool educational organization «Early Care Service» - program «Childhood Path» are aimed at helping children in the first years of life with disabilities (developmental risk). It includes the provision of qualified family-centered assistance to the child and family in order to promote the optimal development and adaptation in society of a child with health and development problems. [5]

One of the criteria of novelty is the possibility of providing psychological and pedagogical assistance to families with children of the target group located in villages remote from the center – with the help of the «Mobile Early Assistance Service», which will allow specialists to reach a larger percentage of families in need of help.

1.1. Description of the Program's Goal

The main goal of the program is to identify health disorders and life limitations in children at an early stage, and to adapt the family and the child to society.

This approach ensures equal opportunities for children with health difficulties to integrate their families into the rehabilitation process.

To achieve this goal, three key objectives are addressed:

1. Medical: reducing the frequency of disability by identifying disorders at the pre-clinical stage.

2. Ablative: eliminating life limitations through the development of individual support routes.

3. Social: increasing parental competence and overcoming family social isolation to ensure the child's harmonious integration into the peer group.

1.2. Program Objectives

1) Establishing inter-agency interaction with health and education organizations with a view to reaching a higher percentage of children in the target group;
2) Organization «on-site early assistance service» to provide psychological and pedagogical assistance to families and children living in villages in the region remote from the center through the introduction of variable forms of accessibility and quality of preschool education based on MBDOU;
3) Early identification and diagnosis of the special educational needs of the child and his family;
4) Providing comprehensive care to children of the target group by developing individual support programs based on identifying the child's development potential;
5) Inclusion of parents in the correctional and developmental process based on identifying the special needs and capabilities of the family, through the introduction of remote forms of support using digital educational resources.

1.3. Methodological Support for the Program

Material and technical resource:

1) Spacious room in accordance with SanPiN.
2) Childhood Path Program;
3) Montessori game kits;
4) Sensorimotor equipment, exercise equipment for young children;
5) Methodology «Nursery» S. B. Lazurenko. [4]
6) CD – player, musical accompaniment (classical and relaxation compositions),
7) Demonstration material for classes [2]
8) Pebbles, pyramids, liners of different sizes, colors, shapes. [6]
9) Tactile paths, lotto
10) Pouches, boxes, kinetic sand, containers of different shapes and sizes

Personnel resource:

Using the program requires additional professional training of specialists in the field of defectology or in the field of «Special pedagogy in special (correctional) educational institutions.

The availability of the Program provides the opportunity for each interested specialist to independently implement it into practice.

Characteristics of the following integral elements of the program «Psychohygienic requirements for the activities and free activities of young children from the standpoint of psychological safety», «requirements for specialists implementing this program», «forms of early comprehensive care», given in the description of the program text, Internet resource: https://rospsy.ru/node/1939

1.4. Expected Results

For children:

1) During playful interaction with an adult, the child develops a new way of life, his activity is restructured in accordance with the conditions of public education and collective learning;
2) The level of psychological health increases, which contributes to its successful development during preschool childhood;
3) Confident behavior is formed in the new spatial-game environment;
4) Increasing children's speech activity, enriching the vocabulary, level of development of fine and gross motor skills, and perception of the shape of the subject;
5) Development of mental processes: memory, thinking.
6) For educators:
7) Ensuring consistency of work on identifying, developing and supporting disabled children and children with disabilities in educational organizations of the region;
8) Creation of an interdepartmental model for accompanying children with special educational needs and their families;
9) Improving the regulatory framework for the system of diagnosis, identification and psychological and pedagogical support for disabled children and children with disabilities;

The results of the sustainability of the programme are

1) The interest of parents (legal representatives) with children of early and preschool age in receiving methodological, psychological, pedagogical, diagnostic and advisory assistance (monitoring of requests to the Early Assistance Service), including remote support;
2) Using innovative forms of family interaction;
3) Increasing the number of professionals working in the Early Care Service.
4) Thus, the most necessary conditions have been created to ensure work with disabled children, children with disabilities, children who do not attend preschool educational institutions and their families.

1.5. Restrictions and Contraindications

The program is not designed to work with children, if they have the following forms and conditions:

1) children with total underdevelopment of higher mental functions;

2) children with psychopathic behavior;
3) children with current mental illness (epilepsy, schizophrenia) and psychopathic-like behaviour.

2. Program Implementation

Table 1. Form of implementation of the program.

№	Violations, difficulties	Form of implementation of the program
1	Visual analyzer disorders	Group, individual
2	Auditory analyzer disorders	Group, individual
3	Children with intellectual disabilities of varying degrees	Group, individual
4	Children with ASD	Individual, with inclusion in the group
5	Sensory disturbances	Group
6	Children with speech impairments	Group
7	Children with NODA	Group

Forms of early comprehensive care:
1) Comprehensive diagnostics (teachers, speech therapist, educational psychologist, neurologist, psychiatrist);
2) Individual remedial developmental classes in a preschool setting;
3) Group remedial developmental classes in a preschool setting;
4) Pedagogical support for the family;
5) Home visits;
6) Informing the population about the work of the early assistance service.

2.1. Family Work Algorithm

1) Stage 1 – team visit, determination of parents' requests, initial diagnosis of the child, development of an in-depth examination program for the child;
2) Stage 2 - conducting an in-depth examination of the child together with parents, if necessary – optimizing the request of parents (or legal representatives of the child's interests);
3) Stage 3: determining the main directions of early assistance, their priority, substantive aspects, special conditions, methods and deadlines for implementing the Program;
4) Stage 4: Program documentation;
5) Stage 5 - determination of parameters and criteria for assessing the effectiveness of the Program implementation.
6) 6th stage – identification of a family in a subgroup for joint activities.

2.2. The Expected Main Results of the Programme Implementation Are

Positive indicators of the effectiveness of the program are:
1) Ensuring consistency of work on identifying, developing and supporting disabled children and children with disabilities in educational organizations of the region;
2) Establishing a model for accompanying children with special educational needs and their families;
3) Improving the regulatory framework for the system of diagnosis, identification and psychological and pedagogical support for disabled children and children with disabilities;
4) Generation and transfer of scientific and methodological knowledge of the teaching staff to the external environment based on network interaction with educational organizations.

Intermediate result:
1) Increasing children's speech activity, enriching the dictionary.
2) Increasing the level of development of fine and gross motor skills in children.
3) Increasing the level of perception of the shape of an object.
4) Development of mental processes: memory, thinking.

Research issues

Is the Programme «Comprehensive Assistance to Families Raising Young Children with Developmental Problems» effective.

Objective – to test in an experiment the effectiveness of a programme of comprehensive assistance for families raising young children with developmental problems «Pathway of childhood»

Introduction of an innovative model of psychological and pedagogical support «On-site Early Care Service» as an effective way of timely assistance within a preschool organization.

Tasks:
1) Identify difficulties and developmental disorders in children under 3 years of age, types of child attachment, features and styles of upbringing in the family, using psychodiagnostic techniques and qualitative methods at the stating stage.
2) Conduct a formative experiment on the program «Comprehensive assistance to families raising young children with developmental problems «Path of childhood»».
3) Identify difficulties and developmental disorders in children under 3 years of age, the level of child attachment, features of upbringing in the family, using psychodiagnostic techniques and qualitative methods at the control stage. [14]

4) To compare the indicators before and after the formative phase and to assess the effect of programme implementation.

2.3. Study Design

2.3.1. Description of the Sample

Sakhalin region, educational organizations of Smirnykhovsky district:

1) MBDOU №1 «Smile» town. Smirnykh – assignment of the status of Regional Innovation Platform – «Early Help Service «Childhood Path» 2020. IROSO of Sakhalin Oblast;
2) MBOU Secondary School with. Pervomaisk, preschool groups at the school;
3) MBOU Secondary School with. Onor, preschool groups at the school;
4) MBOU Secondary School with. Buyukly, preschool groups at the school; and also GKU «SRCN Firefly» town. Smirnykh.

Category of subjects: children from 1 to 3 years old and their families.

Total sample: 150 participants

To prove the effectiveness of the program, an experimental group was organized in this study:

- 1 – children aged 1 to 3 years who do not attend a preschool organization, living in remote villages of the Smirnykhovsky district.

Table 2. Description of the sample of the experimental group.

Year of research	Description of the sample (number)					
	2019-2020		2020-2021		2021-2022	
	girls	boys	girls	boys	girls	boys
	13	12	14	11	13	12

To prove the effectiveness of the program, a control group was organized in this study:

1) children aged 1 to 3 years attending a nursery group of a preschool educational organization.
   In the 1st and 2nd control groups, the children's parents are not familiar with the concept «early help».
2) samples with approximately the same socio-economic status, level of education of parents – specialized secondary, social status – complete family.

Table 3. Description of the sample of the control group.

Year of research	Description of the sample (number)					
	2019-2020YY		2020-2021Y		2021-2022YY	
	girls	boys	girls	boys	girls	boys
	14	11	11	14	12	13

2.3.2. Psychological and Pedagogical Characteristics

1) Problems of psychophysiological development, determination of psychological age: formation of the first objective actions, orientation towards the functional purpose of objects, formation of visual-effective thinking. [4]
2) Limitations in life activity: limitations in activity and opportunities for participation, i.e. difficulties encountered when performing certain actions or activities, deviation from independent practical activity from the generally accepted age norm.
3) Difficulties of parent-child relationships: parenting styles, measuring involvement, independence and social relationships in daily life situations.
4) Difficulties of in-depth diagnosis and support for families: creating a model of interdepartmental interaction.

3. Diagnostic Block

Table 4. Diagnostic examination of the child.

№ p/p	Events	Deadlines	Expected results
1.1	Work of the Early Aid Service	2 times a week	Identification, diagnosis of children with special educational needs who are not attending preschool educational institutions
1.2	1. Diagnostics «Neuropsychiatric development of children 1-3 years of age» (Pechora). [8] 2. Initial assessment of the functioning, limitations of life and health of the child.	1 time every 3 months	Diagnostic examination of children of experimental and control groups International classification of functioning (MKF) [9]

№ p/p	Events	Deadlines	Expected results
	3. Methodology «Nursery» [4] 4. M-CHAT		Institute of Correctional Pedagogy Lazurenko S.B.
1.3	In-depth diagnosis of the child (diagnosis of hearing, vision)	As necessary	Identifying child disorders using special techniques. Institute of Early Intervention, St. Petersburg.
1.4	Interim diagnostics, making adjustments to the individual support program. [1, 5, 7]	According to the escort plan 1 time every 3 months	Study activities of correctional work

Table 5. *Diagnostic examination of parents.*

№	Methodology	Evaluation criterion
1.	Diagnosis of early child-parent attachment. Filling out the Family Card Development Diary.	Studying the level of attachment of a child to family members, studying the level of actual development of the child
2.	Essay essay on the topic «My child»	Studying the characteristics of the child, styles of family education
3.	Keeping an observation diary	Studying the characteristics of a child's behavior
4.	«Assessing interaction with preschool teachers»	Studying parental satisfaction with the work of a kindergarten through a survey
5.	Parental diagnosis	1. Assessment of environmental factors 2.Assessment of the somatic health of the child 3. Diagnosis of routines 4. Measuring engagement, independence and social relationships in daily life situations 5. Family education strategies

1) Diagnosis «Neuropsychic development of children 1-3 years of age» (Pechora) aims to study the quantitative assessment of the neuropsychological development of children, assessing the depth and range of children's lag, and is checked along the following lines: (1) Development of comprehension of speech; (2) Development of active speech (3) Sensory development; (4) Development of play and action with objects; (5) Development of movements; (6) Formation of skills. [8]
2) Primary assessment of the functioning, limitations of life and health of the child, assessment of the child's activity and participation by domain (learning and application of knowledge, general tasks and requirements, communication, mobility, caring for one's own body and health, helping parents in everyday affairs, interpersonal interaction, basic life spheres, social life) - assessment of environmental factors (barriers and facilitators): environmental factors, products and technologies support and relationships - assessment of body functions and structures and their impact on child development, including assessment of vision and hearing.
3) The methodology «Nursery» of S. B. Lazurenko is aimed at determining the psychological age and pace of mental development of a child in the first 3 years of life. [4]
4) M-CHAT was created in the USA and is an expanded version of the CHAT screening questionnaire created in the UK, the technique is aimed at identifying the risk of autism.
5) Measuring involvement, independence and social relationships in daily life situations - obtaining information about the child's functional behavior that relates to the three expected child outcomes, providing information about the child's functioning in general daily procedures (routine).
6) Family education strategies, methodology of S.S. Stepanova, allows you to evaluate your own strategy for raising and communicating with a child.

3.1. The Steps Involved in Gathering Empirical Data Are

Returning to *service models* it should be noted that the diagnostic unit contains methods of both domestic and Western

approaches. A diagnostic system has been developed *Family map*, allowing you to clearly track the occurrence of certain difficulties in a child and parent. For effective assessment activities, I have developed an entire section in the map, called «parent resources», and joint work is being built to develop the parent's personality, correct his difficulties and increase pedagogical competencies, reflection. [13] Based on the results of the diagnostic examination, specialists developed individual areas of psychological and pedagogical support. The basis of the idea was borrowed from specialists of the Early Assistance Service, while studying at the Institute of Correctional Pedagogy. We, specialists of a preschool organization, have the opportunity to provide continuous psychological and pedagogical support to the family within the municipality or region.

3.2. Organization and Methodology of the Experiment

At the stating stage of the study, the purpose of the study was to identify difficulties in the international classification of functioning, determine psychological age using the method of S.B. Lazurenko. «Nursery», identifying deviations using Pechora's method, studying parenting strategies.

Table 6. *Descriptive statistics for the experimental and control groups at the stating stage.*

Names of scales	Mean in group «EG»	Mean value in group «KG»	Empirical significance of the criterion	Level of significance
sensory development	15.08	18.24	67	0.031
speech	15.04	15.68	129	0.548
game skills	1700	15.32	218	0.134
visual-effective thinking	15.96	15.80	158	0.819
analyzers	19.60	18.24	162	0.104
communication	17.68	16.32	174	0.273

There are significant differences between the «EG» group and the «KG» group on the scale «sensory development» ($U=67$, $p<0.05$). In group «EG» the average value is 15.08, which is less than the average value of group «KG» of 19.24.

Table 7. *Empirical values according to the «Nursery» methodology.*

Names of scales	Mean in group «EG»	Mean value in group «KG»	Empirical significance of the criterion	Level of significance
psychological age	10.48	10.32	97.5	0.596

There were no significant differences between the group «EG» and the group «KG» on the scales studied.

Table 8. *Empirical values of the U-Mann-Whitney test.*

Names of scales	Mean in group «EG»	Mean value in group «KG»	Empirical significance of the criterion	Level of significance
psychological age	33.56	22.04	0.5	0, 001

There are significant differences between the «EG» group and the «KG» group on the scale «psychological age» ($U=0.5$, $p<0.001$).

The indicator in group «KG» is lower than the indicator in group «EG».

The resulting empirical value of Uemp(0) is in the area of significance.

Checking the significance of the shifts in indicators at the control stage compared with the stating one separately for EG

and CG: «after minus before»; estimating the size of the intervention effect in absolute and standardized values.

Table 9. *Checking the significance of differences in indicators in the experimental (N1 = 25) group at the control stage, compared to the Wilcoxon test.*

№	Diagnostic technique	M ± SD		Shift of averages «after minus before»	Wilcoxon T statistic value	Significance level p
		Do	After			
1.	Pechora method					
	Sensory development	15.08	33.84	18.76	32	0.01
	Speech	15.04	33.84	18.80	32	0.01
	Game skills	1700	33.88	16.88	23	0.01
	Visual-effective thinking	15.96	33.92	17.96	27	0.01
	Analyzers	19.60	33.96	14.36	15	0.01
	Communication	17.68	33.12	15.44	19	0.01
2.	Methodology «Nursery»					
	Psychological age	10.76	35.04	24.28	69	0.01

Note: * p < 0.05; ** p < 0.01; *** p < 0.001

There are significant differences between the «EG» group and the «EG1» group on the «sensory development» scale (U=0, p<0.001). Differences in scale «speech» between group «EG» and group «EG1» were identified (U=0, p<0.001). There are significant differences in the scale «playing skills» between group «EG» and group «EG1» (U=0, p<0.001). There are significant differences in the scale «visual-effective thinking» between group «EG» and group «EG1» (U=0, p<0.001). There are significant differences between the «EG» group and the «EG1» group on the scale «analysers» (U=0, p<0.001). Differences in scale «communication» between group «EG» and group «EG1» were identified (U=0, p<0.001).

Table 10. *Checking the significance of indicator differences in the control (N2 = 25) group at the control stage, compared to the Wilcoxon test.*

№	Diagnostic technique	M ± SD		Shift of averages «after minus before»	Wilcoxon T statistic value	Significance level p
		Do	After			
1.	Pechora method					
	Sensory development	18.24	19.12	0.88	0	0.01
	Speech	15.68	20.28	4.60	0	0.01
	Game skills	15.32	19.68	4.36	0	0.01
	Visual-effective thinking	15.80	19.16	3.36	0	
	Analyzers	18.24	19.04	0.80	0	0.01
	Communication	16.32	19.04	2.72	0	0.01
2.	Methodology «Nursery»					0.01
	Psychological age	22.04	19.12	2.92	0	0.01

Note: * p < 0.05; ** p < 0.01; *** p < 0.001

There are no significant differences on the scale «psychological age» between group «CG» and group «CG1».

Information on the calculation of the standardised effect size and improvement index is given in «Guide to the verification of educational and social programs and technologies in the paradigm of evidence-based approach in psychology and education».

The conclusions of the study are

1. Problems of psychophysiological development, determination of psychological age: formation of the first objective actions, orientation towards the functional purpose of objects, formation of visual-effective thinking.

Result: with the joint interaction of family and specialists, it was possible to build a set of meetings according to the program and correct existing disorders in young children, minimizing the gap between psychological and physiological age. Moreover, using the example of the control group, it was found that difficulties also arise for standard children undergoing a period of adaptation to preschool educational institutions. Monitoring the results of the activities of teachers of adaptation groups showed that this model of support is new in terms of support and support for families.

2. Limitations in life activity: limitations in activity and opportunities for participation, i.e. difficulties encountered when performing certain actions or activities, deviation from independent practical activity from the generally accepted age norm.

Result: thanks to this diagnostic technique and joint interaction, psychological and pedagogical assistance was provided on the child's main activities: learning, general requirements, self-care and communication. These are the difficulties that are relevant in the development process of a modern child. Requests received from parents are among these areas of activity. Thanks to research on this characteristic, we developed an individual route for accompanying the family; during 10 meetings, the skills of interaction between the child and parents are formed to solve the specific requested situation.

3. Difficulties of parent-child relationships: parenting styles, measuring involvement, independence and social relationships in daily life situations.

Result:

Positive dynamics in eliminating the causes of disruption of relations between parents and children. For each group of participants, their own goals were formulated, specifying the general one.

An analysis of the parent survey showed:

1) providing a safe atmosphere in which children can openly express their feelings, play spontaneously, act.
2) presenting children with the opportunity to be heard.
3) positive experiences of responding to and behaving in traumatic situations.
4) trust in parents.
5) ensuring the development of motor activity and spontaneity.

4. Difficulties of in-depth diagnosis and support for families: creating a model of interdepartmental interaction.

Result: creation of a model of interdepartmental interaction between education and healthcare specialists. Reaching a greater percentage of young children to detect early disabilities and difficulties in children. Expert assessment of the importance and effectiveness of this area «Mobile Early Assistance Service». Possibility of writing collegial opinions and monitoring the dynamics of the child's positive development.

The possibility of creating this circle of specialists, distributing a clear functional potential and capabilities of each specialist has been proven. Over the course of 3 years, this program made it possible to transfer experience to other areas, with positive dynamics and the possibility of expansion intermunicipal communication, to attract even narrower specialists to joint activities to support families with children under 3 years of age.

The result of the program shows positive dynamics; several municipal districts are already working according to this support model. Of the 75 children –, disorders were identified in 70 children, which were minimized and corrected in the early stages of development. Reaching those families and children who were unaware of the difficulties that had been identified.

Table 11. *Identified violations.*

s	Violations, difficulties	Number of children over 3 years of program implementation
1	Visual analyzer disorders	9
2	Auditory analyzer disorders	6
3	Children with intellectual disabilities of varying degrees	11
4	Children with ASD	2
5	Sensory disturbances	13
6	Children with speech impairments	29

What are the limitations of the results?

Lack of specialized specialists for advanced medical screening (for example, pediatric orthopedist), special equipment on site in the district clinic.

4. Limitations on the Application of the Programme and Proposals for Its Further Application and Development

Based on MBDOU №1 «Smile» town. Smirnykh, during the implementation of the grant project, an Early Assistance Service for children with disabilities was created. It has become possible to provide psychological and pedagogical assistance to families with children from 1 to 3 years old, located in villages remote from the center – using an innovative approach, namely *«field early aid service»,* which allowed specialists to reach a larger percentage of families in need of psychological and pedagogical assistance, namely on the early detection of health disorders and life restrictions, optimal development and adaptation of children integration of the family and the child into society, prevention and/or reduction of the severity of life restrictions, promotion of physical and mental health, increasing the accessibility of education for children of the target group. Over several years of operation of this model, it was possible to identify severe violations, prevent and minimize difficulties development.

Thanks to research, we have proven that it is possible to view difficulties and disorders in children attending preschool. Very often, behavioral characteristics are not taken into account, since the group is adaptive. This means that the program is effective in preschool educational institutions.

Positive indicators of the effectiveness of the program are:

1) Ensuring consistency of work on identifying, developing and supporting disabled children and children with disabilities in educational organizations of the region.
2) Creation of continuity of MBDOU and secondary schools, guardianship authorities and children's educational institutions for supporting families, disabled children and children with disabilities (project sustainability indicator – until 2024).
3) Establishment of a «On-site Early Care Service» for families with children with special educational needs and risks of occurrence.
4) The regulatory framework for the system of diagnosis, identification and psychological and pedagogical support for disabled children and children with disabilities has been improved.
5) The percentage of coverage of children from 1 to 3 years old with diagnosis and early identification of special educational needs, comprehensive correctional and developmental care from 3.7% to 42% has been increased.
6) A systematic approach to supporting families «at-risk groups» has been organized.

Further work – expanding the boundaries of the support model, exchanging experiences and practices with different cities of the Far East.

Studying the specifics of supporting families «at-risk groups» with young children, connecting social services and partners.

Abbreviations

HIA	Limited Health Opportunities
DOU	Preschool Educational Institution
ASD	Autism Spectrum Disorder
NADA	Musculoskeletal Disorders
EG	Experimental Group
KG	Control Group
ICF	International Classification of Functioning, Disability and Health

Author Contributions

Yuzhakova Svetlana Alexandrovna: Conceptualization, Methodology, Project administration, Software, Validation

Conflicts of Interest

The author declares no conflicts of interest.

References

[1] Avdeeva N. N, Galiguzova L. N, Golubeva L. G, Gritsenko Z. A, Grunicheva S. I, Dmitrieva D. V, Child of the third year of life. M.: Mosaic-Synthesis.

[2] Alexandrova E. S. Fun and chatterboxes for the harmonious development of the baby. St. Petersburg: ID «Litera», 2013.

[3] The concept for the development of early assistance in the Russian Federation for the period until 2020, approved by order of the Government of the Russian Federation No. 1839-r dated August 31, 2016.

[4] Lazurenko S. B. Methodology «NURSERY». Diagnosis of the psychological age of children in the first years of life. M: Adamant 2014.

[5] Manual for specialists of the Early Assistance Service for Children and Parents Arkhipova E. F. Early diagnosis and correction of developmental problems. The first year of a child's life. M.: Mosaic-Synthesis, 2012.

[6] Borisenko, M. G, Lukina, N. A. Educational games from birth to one year. St. Petersburg: ID «Litera», 2013.

[7] Nikolaev N. Diagnosis of child mental development. Infant and early age. Rostov n/A: Phoenix, 2016.

[8] Pechora K. L., Pantyukhina G. V. Diagnosis of young children. Educational games and activities. M.: Shopping center Sfera, 2016.

[9] International Classification of Functioning, Disability and Health (ICF) [Electronic resource]. Online healthcare and medicine reference book Zdravmedinform. URL: https://zdravmedinform.ru/icf.html

[10] A child of the third year of life. A guide for parents and teachers edited by S. N. Teplyuk. Moscow: Mosaic-Synthesis, 2011.

[11] Smirnova E. O., Bykova M. V. Experience in Studying the Structure and Dynamics of Parental Attitude. Voprosy Psikhologii. 2000. No. 3. Pp. 3–14.

[12] Vygotsky, L. S. Issues in Child Psychology. St. Petersburg: Perspektiva, 2018. 224p.

[13] Mahler M. S., Pine F., Bergman A. Psychological Birth of the Human Infant: Symbiosis and Individuation. Moscow: Kogito-Center, 2014. 413 p.

[14] Lisina, M. I. Problems of Ontogenesis of Communication. Moscow: Pedagogika, 1986. 144 p.