

**PUBLIC POLICIES FOR CHILDREN AND EARLY INTERVENTION IN BRAZIL:
CONNECTIONS AND CHALLENGES**

***POLÍTICAS PÚBLICAS PARA A INFÂNCIA E INTERVENÇÃO PRECOCE NO
BRASIL: CONEXÕES E DESAFIOS***

***POLÍTICAS PÚBLICAS PARA LA INFANCIA Y LA ATENCIÓN TEMPRANA EN
BRASIL: CONEXIONES Y DESAFÍOS***

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ABSTRACT: This essay aims to address the diagnosis of the evolution of public policies for early childhood in Brazil and its relationship with Early Intervention (PI). To support this essay, the authors present the results of an online survey\consultation form filled out by professionals working in IP services in Brazil in order to analyze their knowledge and practice in the field. It was found that at the same time that Brazil has advanced in legislation, IP actions have remained within the scope of the health sector, with a strong prevalence of practices aimed at stimulating skills and a rehabilitative model of care, with a focus centered on child and deficit. A power is identified in relation to the elements that the Early Childhood Programs offer, but at the same time the actions are far from building an Early Intervention practice at the national level.

KEYWORDS: Early intervention. Public policy. Childhood.

RESUMO: O presente ensaio tem como objetivo tratar do diagnóstico da evolução das políticas públicas para a primeira infância no Brasil e sua relação com a Intervenção Precoce (IP). Para fundamentar este ensaio, as autoras apresentam os resultados de uma pesquisa\consulta formulário online preenchido por com profissionais que atuam em serviços de IP no Brasil a fim de analisar seu conhecimento e prática no campo. Constatou-se que ao mesmo tempo em que o Brasil avançou na legislação, as ações de IP têm se mantido no âmbito do setor de saúde, com forte prevalência de práticas voltadas à estimulação de habilidades e um modelo rehabilitativo de cuidado, com enfoque centrado na criança e no déficit. Identifica-se uma potência em relação aos elementos que os Programas voltados à Primeira Infância oferecem, mas ao mesmo tempo as ações estão longe de construir uma prática de Intervenção Precoce a nível nacional.

PALAVRAS-CHAVE: Intervenção precoce. Políticas públicas. Infância.

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RESUMEN: Este ensayo tiene como objetivo abordar el diagnóstico de la evolución de las políticas públicas para la primera infancia en Brasil y su relación con la ATENCIÓN Temprana (AT). Para apoyar este ensayo, los autores presentan los resultados de una encuesta/formulario de consulta en línea llenado por profesionales que trabajan en servicios de AT en Brasil para analizar su conocimiento y práctica en el campo. Se constató que, al mismo tiempo que Brasil ha avanzado en la legislación, las acciones de AT han permanecido en el ámbito del sector salud, con fuerte prevalencia de prácticas dirigidas a estimular habilidades y un modelo de atención rehabilitador, con enfoque centrado en el niño y déficit. Se identifica una potencia en relación con los elementos que ofrecen los Programas de Primera Infancia, pero al mismo tiempo las acciones distan mucho de construir una práctica de Atención Temprana a nivel nacional.

PALABRAS CLAVE: Atención temprana. Políticas públicas. Infancia.

Introduction

Early Intervention (IP) can be conceived as a set of services and resources available to provide specialized support to children in early childhood and their families, favoring personal development, strengthening family skills and social participation (EADSNE, 2010). This reflects an intense process of transformations that these services have undergone since their structuring in the 1950s in the United States, and which have been based on advances in scientific knowledge, practical experiences, the demands of different social movements for the rights of children with disabilities and the transformation of laws that subsidize their actions (SHONKOFF; MEISELS, 2000).

In Brazil, IP became more expressive since the 1970s and remained for a long time tied to Special Education services, assuming care characteristics centered on children's needs, prioritizing "neurological foundations and preventive principles" (BOLSANELLO, 2003, p. 344-345, our translation). Research also points to a "strong prevalence of practices aimed at stimulating skills, through the use of clinical approaches, structured from a rehabilitative model of care" (MARINI; LOURENÇO; DELLA BARBA, 2017, p. 13, our translation), keeping the focus of eligibility strictly associated with biological characteristics of child development, disregarding environmental factors that may influence it (CIA; CÂNDIDO, 2014).

The maintenance of these characteristics, which date back to models of action far from those recognized as best practices today, associated with the scarcity of research on the theme at the national level, seems to suggest a difficulty in accessing recent scientific evidence in the area, in training and professional updating according to international parameters, as well as in updating the policies for children that address the theme.

Among these elements, it is noteworthy that the formulation of government programs and guidelines that stimulate and assist in the elaboration and direction of IP actions to a family-centered perspective is fundamental, since government participation is one of the aspects responsible for the success of these programs in several countries (HARBIN; MCWILLIAM; GALLAGHER, 2000; PINTO *et al.*, 2012; SERRANO, 2010, 2007; UNDERWOOD, 2012).

In this sense, this essay deals with the diagnosis of the evolution of public policies for early childhood in Brazil and its relationship with Early Intervention.

Policies for children in the last decade

In recent decades, the growing worldwide awareness of the importance of prioritizing early childhood development in social policies is observable, based on the assumptions that this prioritization enables better care and impacts on children's quality of life (BRASIL, 2021b). In this context, the understanding of the value of the child as a social subject contributed to the creation of conventions, declarations, letters and other international documents that deal with the guarantee of adequate conditions for their biopsychosocial development, constituting an important step towards this goal.

In Brazil, it is verified that the movement for children's rights dates back a few decades, but has intensified in the direction of early childhood in recent years, with the construction of specific political mechanisms for this portion of the population (BRASIL, 2021b). As a highlight of these mechanisms, there is the National Early Childhood Network - RNPI - as an articulation of civil society organizations, government, private sector, other networks and multilateral organizations that act, directly or indirectly, in the promotion and guarantee of the rights of Early Childhood – without ethnic-racial discrimination, gender, regional, religious, ideological, partisan, economic, sexual orientation or any other nature. The RNPI developed and promoted the implementation of the National Plan for Early Childhood, approved by the National Council for the Rights of the Child in December 2010, and welcomed by the Presidency's Human Rights Secretariat as a comprehensive plan – encompassing all children's rights in early childhood, with targets until 2022 (FMCSV, 2019; SILVA, 2022).

From this movement of construction of mechanisms, law no. 13,257 was promulgated in 2016, known as the Legal Framework of Early Childhood, with the main objective of promoting the integral development of children from 0 to 6 years of age. For this, it

determines as priorities: a) the development of public policies and programs for this social group, as well as the training of all professionals who work with it; (b) the right to have a family that opportunities for their healthy growth and development; c) the support and reception to mothers who wish to deliver their children for adoption so that they have in the intersectoral articulation the mechanisms to carry out this act; d) identification and intervention on situations of violence against the child; e) the obligation of the civil registry, including mechanisms that favor its realization; f) the provision of care to children since the period being processed, with specific training of professionals working in this context (BRASIL, 2021a).

Aligned and seeking to respond to the guidelines for the creation of public policies for early childhood in attention to the specificity and complexity of the care of the first years of life in child development and the development of the human being that make up the Legal Framework of Early Childhood, the Happy Child Program (PCF) was launched, through Decree No. 8,869, 5 October 2016, subsequently amended by Decree No. 9,579 of November 22, 2018. It is an intersectoral program, with the objective of promoting the integral development of children in early childhood, encompassing their family and their life context (BRASIL, 2021b; SILVA, 2022).

The PCF is one of the federal government's support strategies for the care of children and their families in vulnerable situations and with disabilities, being executed through home visitation actions. Official data from 2021 indicate the realization of more than 57 million visits to families from more than 3,028 municipalities since the launch of the program (BRASIL, 2021a). However, despite the significant number, its coverage is still considered low, considering the national territory and the socioeconomic conditions of the population. Thus, a study indicates that only 3% of children and their families in vulnerable situations are attended by the PCF (FMCSV, 2019; SILVA, 2022).

In this context, it is highlighted that in addition to the strategies implemented at the national level, some experiences of state and municipal programs have also demonstrated the interest of managers in early childhood care. Among the state programs are the Better Childhood Program in Rio Grande do Sul, the *Mãe Coruja* Program in Pernambuco and the Amazonian Early Childhood Program. Among municipal programs can be mentioned the Program Grow with Your Child, in Fortaleza, Ceará, Family Program that Welcomes, in Boa Vista, Roraima (FMCSV, 2019; SILVA, 2022).

In view of the above, it is evaluated that even with a legislation in progress and policies of prominence in the care of children, there is still the challenge of serving them in an

integral and integrated way with quality. It is identified the lack of clear definitions, at national level, of the parameters for the provision of early childhood care, verifying that some federative entities do not have technical and financial conditions to offer them. Thus, in what corresponds to adequate care at the national level, there is still no effectively articulated organization of early childhood actions to support subnational entities (FMCSV, 2019).

Moreover, one of the greatest challenges in the search for the guarantee of rights is the articulation between policies and practice, which, in the context of early childhood, demands intersectoral and family-centered action. To think about intersectorality, it is important to know the organizational mechanisms related to the care and guarantee of children's rights, such as administrative systems including health units, social assistance reference centers, safety and health councils, schools and other services present in the territory that are of force in guaranteeing early childhood rights. This articulation is fundamental and professionals involved in meeting the needs of the child should identify social equipment, such as support networks to be activated in the face of the demands that are presented (BRASIL, 2021b).

In this sense, the study conducted by Marini, Bráz and Della Barba, (2022, in press) also showed that the incorporation in Brazilian legislation of the indicators of comprehensiveness of child care recommended internationally is recent, which demonstrates a decades-long lapse for alignment with strategies that have been strongly based on the scientific literature since the 1980s.

Thus, it is observed that the application of these laws/policies encounters obstacles such as professional training, difficulties of intersectoral articulation and fragmentation of actions, leading to a spray that does not allow to ensure that all children during Early Childhood are, in fact, benefited.

Early intervention interfaces and policies for children

There is an international trend adopted in IP programs, which is based on the results of numerous studies that recognized the significant impact of investments made in the age group between zero and six years, as well as on the evidence that interventions performed before the age of three are more effective due to the marked neural plasticity characteristic of this phase of development, justifying the importance of such investments (KAROLY; KILBURN; CANNON, 2005; SHONKOFF; MEISELS, 2000).

Thus, the current definitions of IP incorporate assumptions that culminated in the recognition of good IP practices such as those developed in a systemic perspective of

integration and coordination between different services, with the favoring participation of children and their families in community activities, planned individually valuing cultural aspects and monitored through regular evaluation of services (GURALNICK, 2008).

However, despite decades of studies, in Brazil there have been few changes in the references that make up the training of professionals working in IP, which contributes to the objectives of the work remain linked to characteristics of biological development within a rehabilitation perspective, practices with a hierarchical structure, in which professionals have knowledge and plan interventions according to the aspects that compete with their specialty, assigning families a secondary role in care (MARINI, 2017).

Moreover, when analyzing the interfaces between the work developed in IP and the policies for childhood, it is verified that these also present little progress in relation to what is expected as care actions to this population, remaining tied to a rehabilitative paradigm. Examples include the Early Stimulation Guidelines that were drawn up in 1996 (BRASIL, 1996) and reformulated in 2016, but do not bring a systematization of IP practices or protocols or action strategies that can be used uniformly at the national level. Consequently, there was not, until recently, a national program or policy that covered the guidelines for care to this population, as well as practices remain very far from the principles of intersectoriality and the increase of competences of families to deal with issues of children's development, focusing on routines and learning in natural contexts.

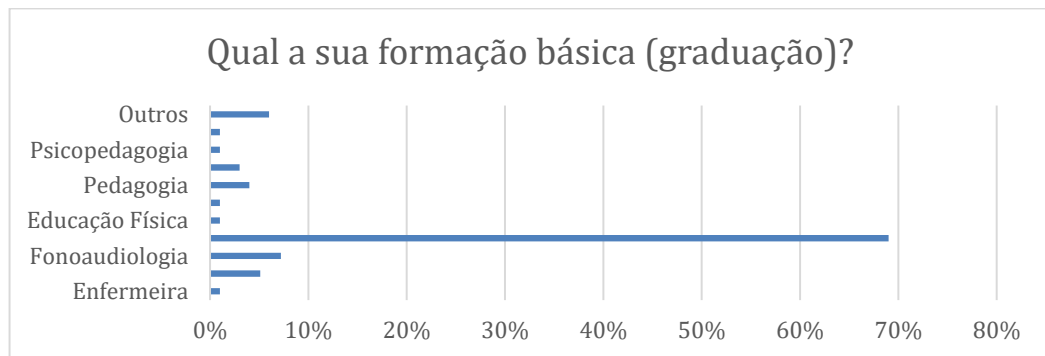
Thus, it identifies the need to incorporate elements that support the paradigm shift of early intervention practices in Brazil, adding aspects already present in the legislation in order to build a structure that is comprehensive at the national level.

Identification of practices and knowledge in early intervention

In order to illustrate the findings presented, from April to May 2021, the research group "Occupational Therapy and Comprehensive Child Care" (CNPQ) made a public invitation to professionals working in IP services in Brazil to participate in a survey\consultation by completing an online and open form, prepared by the researchers (Opinion CEP\UFSCar 4,373,855). The invitation was shared on social networks and a total of 97 responses to the form were obtained. This material aimed to identify the practices and knowledge related to Early Intervention employed by professionals working in the area. Although aware that it is not possible to generalize the results, these were used in this manuscript to trigger a reflection on this scenario.

The results of the 97 *online forms* (Google forms) answered are presented, in relation to: training of professionals in Early Intervention, type of team that work, how they develop their practice, as is the participation of families in the IP process and integration between services. The following are the graphs referring to the answers and then the discussion about the main findings.

Figure 1 – Training⁴

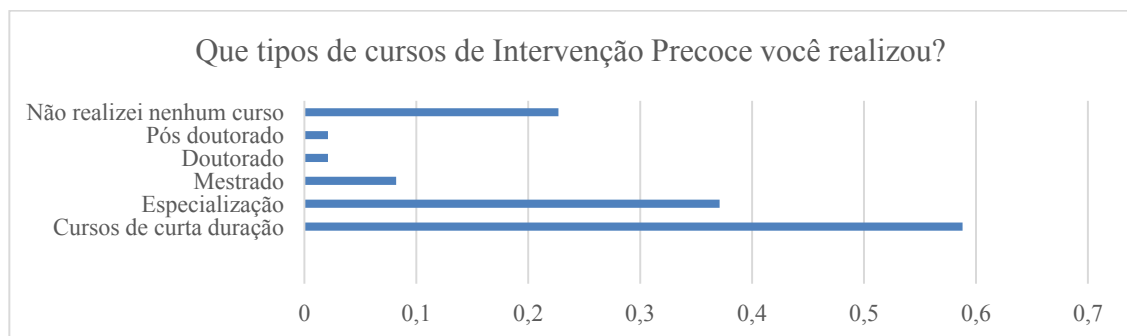


Source: Prepared by the authors

Basic Training:

The answers were predominantly from occupational therapists (71), followed by speech therapists (7), physiotherapists (5), pedagogues (3), psychologists (2), physician (1), nutritionist (1), physical education professional (1), nurse (1). Two professionals claimed to be graduates in more than one specialty (occupational therapy and psychology (1); psychology and pedagogy (1). Six answers were recorded that were not valid for this question (Figure 1).

Figure 2 – Course types⁵



Source: Prepared by the authors

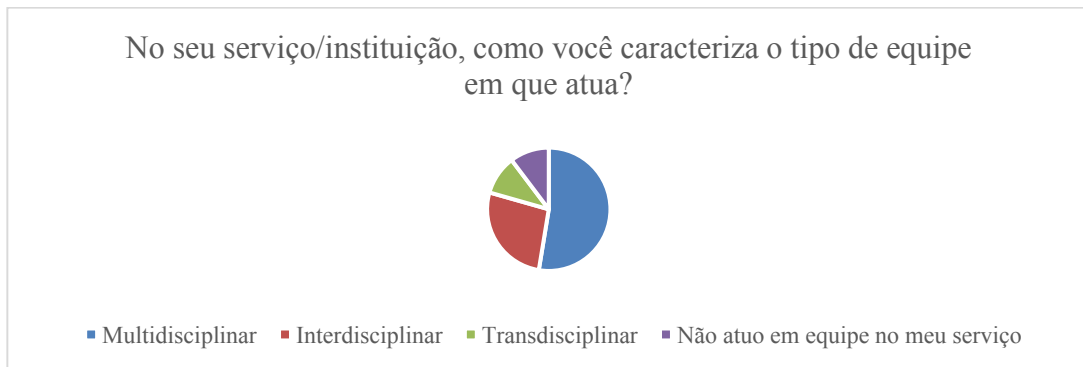
⁴ Educational level: Others; Psychopedagogy; Pedagogy; Physical Education; Phonoaudiology; Nursing.

⁵ Which type of IP training did you take? None; Post-Doctorate; PhD; Master's degree; Specialization course; Short course.

IP training and courses in the area:

Eighty-one professionals claimed to have training in Early Intervention, against 19 who stated that they did not. However, when asked about courses on the theme, 21 stated that they had not taken any courses. Among the specific courses, the short courses were the most pointed (58 responses), followed by specializations (36), master's (08), doctorate (2) and post-doctorate (2) (Figure 2) (Figure 2)

Figure 3 – Service/ Institution⁶

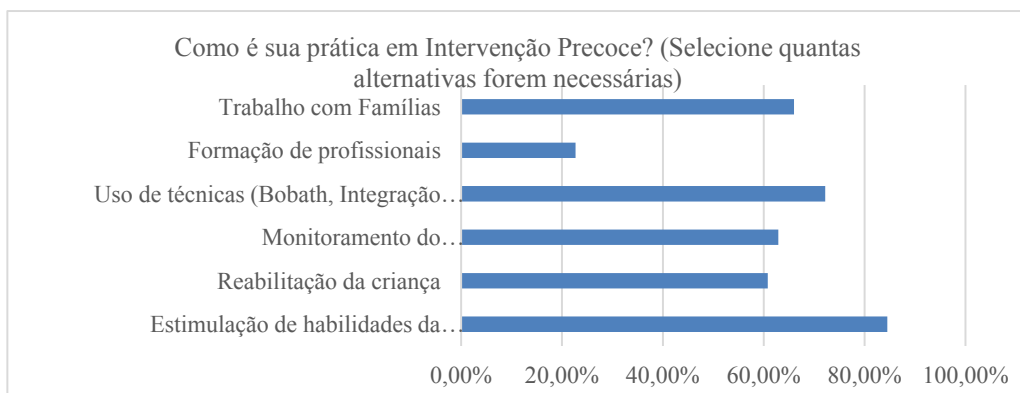


Source: Prepared by the authors

Sector of operation:

Among the professionals who answered, 88 work in the health sector, 05 work in education, 2 in the health and education sectors and 1 in other sectors (special education). Regarding the work model, 52.6% reported that the teams are multidisciplinary, 26.8% transdisciplinary, 10.3% interdisciplinary and professionals reported not working as a team.

Figure 4 – Practice in Early Intervention



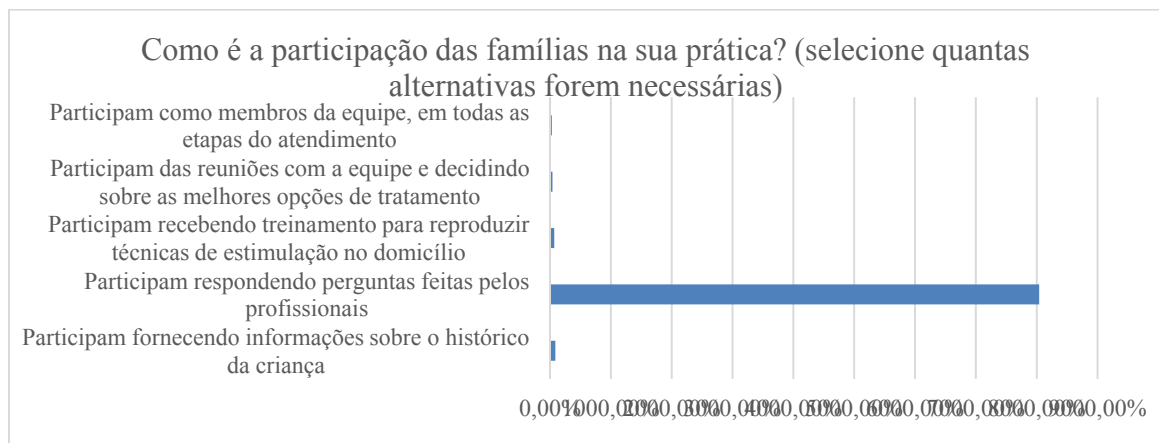
Source: Prepared by the authors

⁶ In your institution, how do you characterize the team you act? Multidisciplinary; Interdisciplinary; Transdisciplinary; I don't act on my institution.

Type of practice:

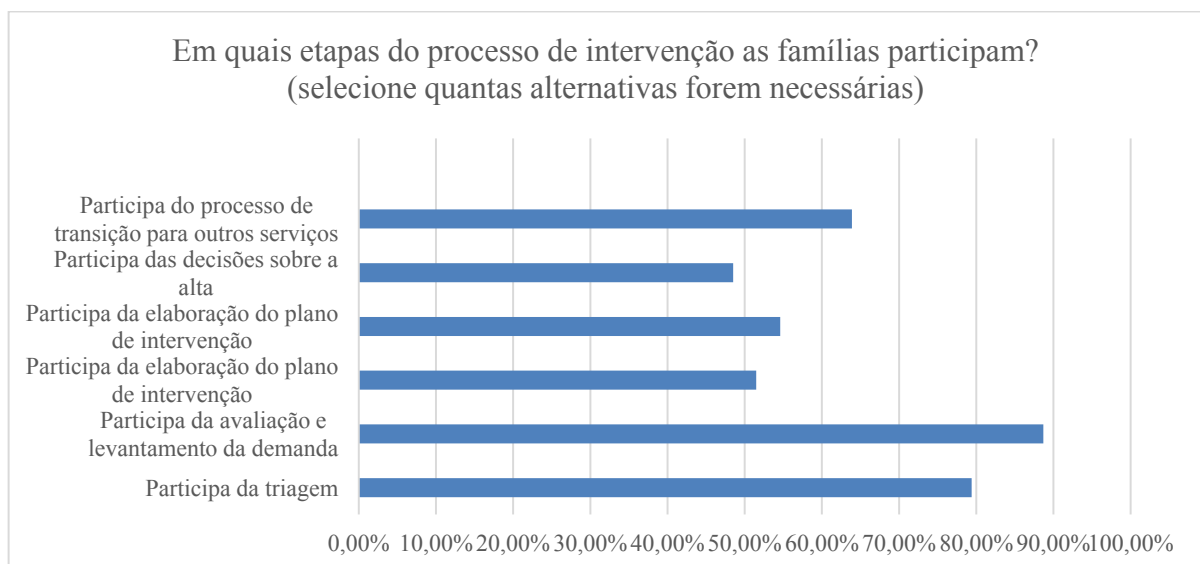
Eighty-two professionals stated that their practices involve stimulation of the child's abilities, and 5 scored exclusively this practice. Twenty-two scored the training of professionals, 2 of which were exclusively practice. Sixty-four reported working with the families. Use of techniques was pointed out by 70, 5 being exclusively this practice. Sixty-one scored child development monitoring and 59 scored child rehabilitation (Figure 4).

Figure 5 – Participation of families



Source: Prepared by the authors

Figure 6 – Stages where families participate



Source: Prepared by the authors

Family participation:

Four respondents state that the families participate as team members at all stages of treatment. For 2 cases participate in meetings with the team deciding on treatment options 89

inform that participate providing information about the child's history, in only 1 case this is the only participation. For 7 respondents, families participate in training to reproduce techniques at home (Figure 5). As shown in Figure 6, 79.4% reported that families participate in screening, 51.5% in the preparation of the intervention plan and 48.5% in decisions about discharge.

Discussion

The results of the application of the form showed a majority of occupational therapists participating, which may be linked to the type of strategy used to disseminate the research (social networks in which it was disclosed and the use of groups of professionals, for example, Facebook, Instagram). Thus, this may constitute a limitation of this study and points out the need to diversify this sample.

It was found that the professionals who have sought specialized training, however, short courses (58 responses) and specializations (36 responses) were the most cited, with a small number of professionals with academic training at the *stricto-sensu* level. The result raises a concern, because short courses (usually consisting of short courses and specific training on certain protocols\methods\techniques) may not be able to equip professionals to act in Early Intervention and\or present approaches superficially and fragmentedly. Thus, as verified by Marini (2017), the gaps in the basic and continuing education of professionals, as well as the biological and rehabilitative approach verified in many specialization and training courses accessed by these professionals, seem to contribute to the maintenance of a care model centered exclusively on the child and his/her disabilities. Thus, it can be affirmed that there is a lack in Brazil in specialized training in Early Intervention, which reach theory and practice from an expanded perspective of care, as well as a need for investment of training institutions in this field.

Regarding the results of the research, it was also found that the majority of respondents work in the health area. This result has been found in other studies and seems to be a trend in Brazil, while in other countries, the training of professionals working in IP involves in equivalent numbers education and social assistance. In this sense, the interpretation of these data tends to reflect a scenario in which care actions are fragmented, as previously pointed out, emphasizing the fragility in the adoption of truly intersectoral strategies and practices. Moreover, the impact of the tradition of providing specialized care to

children with disabilities in Brazil is emphasized again, following a biomedical model of care, which seems to hinder the insertion of professionals from other sectors.

Such interpretations are strengthened to the extent that the answers to the questions that addressed the type of professional practice showed that the majority is linked to the stimulation of the child's abilities in the context of rehabilitation and the use of techniques. Furthermore, professionals respond that they can act in an integrated manner with other services, however, this information has not been deepened to understand if elements of intersectoriality appear in their practices.

An important number of professionals claimed to carry out work with families and monitor child development. However, when answering about how families participate in the IP process, a minimum number of professionals (2) report that the family actively participates, as team members, and in decisions at all stages of treatment. For the vast majority (89), the family occupies the place of informant, providing data on the child's history and receiving training to reproduce techniques at home. Results such as these were also found by Marini (2017) and Marini and Della Barba (2022), where the families served by the services participated punctually at the moments of evaluation and discharge, making it clear that they are not protagonists of the IP process.

In view of the above, the results corroborate the findings of the Brazilian literature, in which the participation of the family in the IP process takes place in a secondary way, as an informant of data on the child, where Early Intervention is linked to the health sector, with rare intersectoral practices, and clinical work is a predominant reality.

Final considerations

In Brazil, there has been an advance in policies for early childhood in recent years, as there is a proposition of an integral and intersectoral view from the Legal Framework for Early Childhood 2016. However, the urgency of implementing the proposals presented in these policies stands out.

In this sense, it is verified that the country has advanced in strategies/initiatives important for comprehensive early childhood care, such as the Happy Child Program and the Family Health Strategy of the SUS; however, these are underutilized due to management problems, financial investment deficits and human resources. That is, there is a power in relation to the type of service that the Program offers, but it faces challenges to constitute itself as a practice of Early Intervention at the national level.

The Happy Child Program, although being configured as one of the federal government's support strategies for the care of children and their families in vulnerable situations and with disabilities, and being executed through home visitation actions, is far from being considered or identified as an Early Intervention program or system. To do so, it would be necessary to advance proposals to take advantage of this powerful structure of a national public policy aimed at early childhood to move in the same direction as other countries, which have transformed their IP models into an integrated care policy for families and children.

Thus, it is possible to recognize, in the light of these policies for early childhood, strategies to implement Early Intervention with the target audience of children and families, and to create strategies to take advantage of its structure and advance, especially in the training of professionals for a perspective focused on paradigm shift and intersectoriality.

The results of this trial show that professionals have sought to specialize, but it is necessary to understand what content and depth of the training they have performed. The practices identified in the results are related to early stimulation and not to Early Intervention, according to the current definitions we have of IP.

Finally, it should be recognized that according to the reference brought to this manuscript, good practices in IP are those developed with a systemic perspective of integration and coordination between different services, with the facilitation of the participation of children and their families in community activities, planned individually valuing cultural aspects and monitored through the regular evaluation of services. However, the practices presented by the professionals who responded to the form represent that there is a challenge to be overcome to reach this perspective, which involves the training of professionals and the expansion of public policies aimed at early childhood.

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